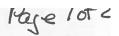


## **DISASTER BUSINESS LOAN INQUIRY RECORD**



PLEASE NOTE: The public reporting burden for this collection of information is estimated to average 15 minutes per response, including gathering and maintaining the data needed, and completing and reviewing the collection of information. You are not required to respond to any collection of information unless it displays a currently valid OMB Approval number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to: Chief, AiB, Room 5000, U.S. Small Business Administration, Washington, DC 20416; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

The Form 700 is used in non-Presidential declarations to document interviews with disaster victims seeking a disaster ioan application. It is also used in Presidential declarations to record interviews with business loan applicants that have not registered with FEMA. SBA Form 700 is completed by ODA personnel based on the responses provided by the disaster victims during the preliminary interviews. Signature of the interviewee is only used when interview results in a summary decline.

OMB No. 3245-0084 Expiration Date: XX/XX/XXXX 1. NAME OF PROSPECTIVE APPLICANT legal name trade name 2. E-Mail Address (optional): 3. SSN/EIN OF APPLICANT: 4. FEMA REGISTRATION NUMBER: 5. MAILING ADDRESS number street city county state zip 6. BUSINESS LOCATION, if different number street county state zip 7. TELEPHONE at place of business 8. TELEPHONE OF ALTERNATIVE CONTACT number area code number 9. TYPE OF BUSINESS ACTIVITY 10. TYPE OF ORGANIZATION Sole proprietorship Partnership Corporation Other: 11. INQUIRER Name If not applicant, relationship to applicant Mailing address, if different from applicant's Telephone number, if different from applicant's 12. APPLICATION REQUESTED in individual in-person interview in group in-person interview by telephone interview by mail 13. APPLICATION ISSUED Type: ☐ physical ☐ EIDL Method: ☐ in-person on (date) by mail on (date) 14. COMMENTS 15. INTERVIEWER signature printed name title date location

SBA Form 700 Business (06-12) Ref. SOP 50-30

**Previous Editions Obsolete** 

declaration number



## DISASTER HOME LOAN INQUIRY RECORD

PLEASE NOTE: The public reporting burden for this collection of Information is estimated to average 15 minutes per response, including gathering and maintaining the data needed, and completing and reviewing the collection of information. You are not required to respond to any collection of information unless it displays a currently valid OMB Approval number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to: Chief, AIB, Room 5000, U.S. Small Business Administration, Washington, DC 20416; and to the Office of information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

The Form 700 is used in non-Presidential declarations to document interviews with disaster victims seeking a disaster loan application. It is also used in Presidential declarations to record interviews with business ioan applicants that have not registered with FEMA. SBA Form 700 is completed by ODA personnel based on the responses provided by the disaster victims during the preliminary interviews. Signature of the interviewee is only used when interview results in a summary decline.

OMB No. 3245-0084

					Expiration Date: XX/XX	
1. NAME OF PROSPECTIV	E APPLICANT (if	Inquirer is not a relationship to "A	applicant, state inq A" in comments se	uirer's 2. HOME	TELEPHONE	
last	first		mi	area code	e number	
3. SSN OF APPLICANT: 4. FEM			EMA REGISTR	MA REGISTRATION NUMBER:		
5. MAILING ADDRESS I	EMAIL ADDRESS	(optional):				
number street	city	C	ounty	state	zip	
6. DAMAGED PROPERTY	ADDRESS (If diffe	rent from malling	a addraga)			
number street	city	TOTA MOIN MAINING	county	sta	te zip	
7. MARITAL STATUS OF F	PROSPECTIVE A	PPLICANT	8. SPOUSI	E'S NAME		
☐ married ☐ separated ☐ u	d)	Will spouse be a ☐ yes joint applicant? ☐ no				
9. DEPENDENTS 10.				0. INSURANCE COVERAGE FOR THIS LOSS		
total number in family				□ yes □ no		
applicant gross salary  12. DEBTSOTHER OBLI	month s	alimony, child	cant, if any)	month year e taxes and insuran	ce, etc.	
mortgage or rent	\$	\$			\$	
	\$				\$	
	\$	\$				
	\$			Tota		
3. SIGNATURE OF APPLIC	CANT	DATE	14. SIGNATU	RE OF JOINT	APPLICANT DATE	
5. TYPE OF INTERVIEW	☐ Individual ☐ Group ☐ Telephone		ne 1	18. SBA Use Only		
6. APPLICATION GIVEN?	Yes on (date)	No, pro	ovide comments			
17. COMMENTS				Recommending Official (sign & print name)		
		Concurring Official (sign & print name)  Form 1363 given on date				
19. INTERVIEWER						
ignature printed name			titl	e	date	
ocation	dec	declaration number				
A Form 700 Home (06-12) Ref. SOP 50-30	P	litions Obsolete				

**Previous Editions Obsolete**