



# DISASTER BUSINESS LOAN INQUIRY RECORD

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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 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

<b>1. NAME OF PROSPECTIVE APPLICANT</b>					
legal name					
trade name			<b>2. E-Mail Address (optional):</b>		
<b>3. SSN/EIN OF APPLICANT:</b>			<b>4. FEMA REGISTRATION NUMBER:</b>		
<b>5. MAILING ADDRESS</b>					
number	street	city	county	state	zip
<b>6. BUSINESS LOCATION, if different</b>					
number	street	city	county	state	zip
<b>7. TELEPHONE at place of business</b>			<b>8. TELEPHONE OF ALTERNATIVE CONTACT</b>		
area code	number	name		area code	number
<b>9. TYPE OF BUSINESS ACTIVITY</b>					
<b>10. TYPE OF ORGANIZATION</b>					
<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____					
<b>11. INQUIRER</b>					
Name					
If not applicant, relationship to applicant					
Mailing address, if different from applicant's					
Telephone number, if different from applicant's					
<b>12. APPLICATION REQUESTED</b>					
<input type="checkbox"/> in individual in-person interview <input type="checkbox"/> in group in-person interview <input type="checkbox"/> by telephone interview <input type="checkbox"/> by mail					
<b>13. APPLICATION ISSUED</b>					
Type: <input type="checkbox"/> physical <input type="checkbox"/> EIDL					
Method: <input type="checkbox"/> in-person on (date) _____ <input type="checkbox"/> by mail on (date) _____					
<b>14. COMMENTS</b>					
<b>15. INTERVIEWER</b>					
signature		printed name		title	date
location				declaration number	



# DISASTER HOME LOAN INQUIRY RECORD

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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 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 preiminary interviews. Signature of the interviewee is only used when interview results in a summary decline.

OMB No. 3245-0084  
Expiration Date: XX/XX/XXXX

<b>1. NAME OF PROSPECTIVE APPLICANT</b> (if Inquirer is not applicant, state inquirer's relationship to "A" in comments section.)			<b>2. HOME TELEPHONE</b>	
last	first	mi	area code	number
<b>3. SSN OF APPLICANT:</b>			<b>4. FEMA REGISTRATION NUMBER:</b>	
<b>5. MAILING ADDRESS</b>		<b>EMAIL ADDRESS (optional):</b>		
number	street	city	county	state zip
<b>6. DAMAGED PROPERTY ADDRESS</b> (if different from mailing address)				
number	street	city	county	state zip
<b>7. MARITAL STATUS OF PROSPECTIVE APPLICANT</b>			<b>8. SPOUSE'S NAME</b>	
<input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> unmarried (single, divorced or widowed)			Will spouse be a <input type="checkbox"/> yes joint applicant? <input type="checkbox"/> no	
<b>9. DEPENDENTS</b>			<b>10. INSURANCE COVERAGE FOR THIS LOSS?</b>	
total number in family			<input type="checkbox"/> yes <input type="checkbox"/> no	
<b>11. GROSS INCOME</b> (NOTE: Alimony, child support or separate maintenance payments need not be disclosed if not a basis for repayment for this loan request.)				
applicant gross salary	<input type="checkbox"/> week	OTHER income, gross (include joint applicant, if any)	<input type="checkbox"/> week	Source of OTHER income
\$	<input type="checkbox"/> month	\$	<input type="checkbox"/> month	
	<input type="checkbox"/> year		<input type="checkbox"/> year	
<b>12. DEBTS --OTHER OBLIGATIONS:</b> Include alimony, child support, real estate taxes and insurance, etc.				
name and address of creditor	monthly pmt	name and address of creditor	monthly pmt	
mortgage or rent	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
			Total	\$
<b>13. SIGNATURE OF APPLICANT</b>		<b>DATE</b>	<b>14. SIGNATURE OF JOINT APPLICANT</b>	
<b>15. TYPE OF INTERVIEW</b>			<b>18. SBA Use Only</b>	
<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Telephone				
<b>16. APPLICATION GIVEN?</b>				
<input type="checkbox"/> Yes on (date) _____ <input type="checkbox"/> No, provide comments				
<b>17. COMMENTS</b>				
			_____ Recommending Official (sign & print name)	
			_____ Concurring Official (sign & print name)	
			Form 1363 given on date _____	
<b>19. INTERVIEWER</b>				
signature	printed name	title	date	
location	declaration number			