DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
APPLICATION FOR LOAN CANCELLATION

O.M.B. No. 1660-0082 Expires January 31, 2010

Public reporting burden for this form is estim sources, gathering and maintaining the need unless it displays a valid OMB control number Collections Management, Department of He Reduction Project (1660-0082). <b>Note: Do no</b>	led data, and comper. Send comments comments on the comments of the comments o	hour per respo pleting, reviewin s regarding the Federal Emer	nse. T ng, an accur gency	d submitting the form. acy of the burden estin Management Agency	ludes the time for revi You are not required nate and any suggestion	to respond to this cons for reducing the	ollection of information burden to: Information	
1. NAME AND ADDRESS OF APPLICANT					FOR FEDERAL GOVERNMENT USE ONLY			
					LOAN NUMBER CDL			
					DISASTER DECLARATION DATE			
2. TOTAL AMOUNT OF LOAN ALREADY RECEIVED 3		. DATE LOAN APPROVED			4. TERM OF LOAN	5.	INTEREST RATE	
\$								
		SUMMARY OF	CANC	ELLATION INFORMATION	N		_	
	FISCAL YEAR PRECEDING DISASTER (Information)	FISCAL YEA DISASTE (Informatio	ER	FIRST POST DISASTER YEAR (a)	SECOND POST DISASTER YEAR (d)	THIRD POST DISASTER YEAR (c)	TOTAL (a) + (b) + (c) = (d)	
6. ANNUAL OPERATING BUDGET 7. TOTAL ACTUAL REVENUE CDL PROCEEDS (Lines 12)								
8. NORMAL ACTUAL EXPENDITURES								
9. DISASTER RELATED EXPENSE 10. TOTAL ACTUAL EXPENDITURES (Line 8 + line 9)		L						
11. NET REVENUE (Expense) (Line 7 - line 10)								
12. CDL LOAN FUNDS RECEIVED (Disbursed from Treasury)								
13. CANCELLATION REQUEST (total of line 11, deficit, up to amount of CDL, line 12)		-		-	+	ł		
Based on the information contained in the Applicati And the information furnished above apply for loan loss caused by a major disaster declaration on			the Pro	missory Note executed		ion with the loan alread	ly made as a result of the	
SIGNATURE OF APPLICANT							DATE	
			FOR	WARDED				
NAME AND TITLE OF APPROVAL OFFICIAL (Governor's Authorized Representative) SIGNATURE							DATE	
		FO	R FEM	A USE ONLY				
RECOMMENDATION:	APP	ROVAL		DISA	PPROVAL			
NAME AND TITLE OF APPROVAL OFFICIAL (EP&RD Regional Director)				SIGNATURE	DATE			
PRINCIPAL CANCELLATION IN THE AMOUNT C	)F \$		PLUS	RELATED INTEREST IS	HEREBY			
	APP	ROVED		DISA	PPROVED			
NAME AND TITLE OF APPROVAL OFFICIAL SIGNATURE							DATE	