

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

O.M.B. No. 1660-0082
Expires March 31, 2013

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, and Paperwork Reduction Project (1660-0082). Note: Do not send your completed form to this address.

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. INTREST RATE

SUMMARY OF CANCELLATION INFORMATION

	FISCAL YEAR PRECEDING DISASTER (Information)	FISCAL YEAR OF DISASTER (Information)	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)						
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)						

Based on the information contained in the Application for the Community Disaster Loan, the Promissory Note executed _____ 20 _____
And the information furnished above apply for loan cancellation in the amount of \$ _____ in connection with the loan already made as a result of the loss caused by a major disaster declaration on _____

SIGNATURE OF APPLICANT	DATE
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FORWARDED

NAME AND TITLE OF APPROVAL OFFICIAL (Governor's Authorized Representative)	SIGNATURE	DATE
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FOR FEMA USE ONLY

RECOMMENDATION:	<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISAPPROVAL
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NAME AND TITLE OF APPROVAL OFFICIAL (EP&RD Regional Director)	SIGNATURE	DATE
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PRINCIPAL CANCELLATION IN THE AMOUNT OF \$ _____ PLUS RELATED INTREST IS HEREBY

APPROVED DISAPPROVED

NAME AND TITLE OF APPROVAL OFFICIAL	SIGNATURE	DATE
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