



IMMEDIATE DISASTER ASSISTANCE PROGRAM (IDAP)
Lender's Application (Part I)

(To be completed and signed by the participating lender that is requesting an SBA guaranty for the loan application and submitted to SBA through <http://eweb.sba.gov/gls>.)

| |
|--|
| Disaster Declaration No. _____ |
| Small Business Direct Disaster Loan Application No. (if known) _____ |

| |
|---|
| Small Business Borrower Name (legal name): _____ |
| Check the legal business structure that applies: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation |

| | |
|-------------------------|--------------------------------|
| Trade Name (dba): _____ | (if no trade name, enter "NA") |
|-------------------------|--------------------------------|

| | | |
|--|-----------------------------|------------|
| Borrower Contact: <input type="checkbox"/> Mr <input type="checkbox"/> Ms First _____ | MI <input type="checkbox"/> | Last _____ |
|--|-----------------------------|------------|

| |
|------------------------|
| Borrower Street: _____ |
|------------------------|

| | | | |
|----------------------|---------------|-------------|---------------|
| Borrower City: _____ | County: _____ | State _____ | Zipcode _____ |
|----------------------|---------------|-------------|---------------|

| |
|-------------------------|
| Borrower Phone #: _____ |
|-------------------------|

| |
|--------------------------|
| Borrower Tax ID #: _____ |
|--------------------------|

| |
|---|
| SSN# of Principal (controlling owner of borrower) _____ |
|---|

| | |
|-----------------------|---------------------|
| Loan Amount: \$ _____ | Loan Maturity _____ |
|-----------------------|---------------------|

| |
|--|
| Initial Period Interest Rate as published in the Federal Register for IDAP Loans _____ |
|--|

| | |
|---------------------------|---|
| Term Period Interest Rate | <input type="checkbox"/> Prime rate* + _____ (not to exceed maximum published in the Federal Register) *in effect on the first business day of the month as identified in a national financial newspaper |
|---------------------------|---|

| |
|---|
| <input type="checkbox"/> Outstanding SBA Loan. If checked, Loan No. _____ |
|---|

| | |
|-------------------|--|
| NAICS Code: _____ | No. of Employees (on disaster date): _____ |
|-------------------|--|

| |
|---|
| <input type="checkbox"/> Franchise? If checked, Franchise Name: _____ |
|---|

| Use of Loan Proceeds | Amount (Total Dollars) |
|--|------------------------|
| Repair/Replace Disaster Damage to Real Property | \$ _____ |
| Repair/Replace Disaster Damage to Business Personal Property | \$ _____ |
| Working Capital | \$ _____ |
| Total | \$ _____ |

| | |
|------------------------------------|--|
| Credit Score used (optional) _____ | Select Agency <input type="checkbox"/> Equifax <input type="checkbox"/> TransUnion <input type="checkbox"/> Experian |
|------------------------------------|--|

| |
|---|
| Application Fee charged to Borrower, if any: _____ (Limit: \$250) |
|---|

| | |
|--------------------|-----------------|
| Lender Name: _____ | Lender ID _____ |
|--------------------|-----------------|

| | | |
|--|-----------------------------|------------|
| Lender Contact: <input type="checkbox"/> Mr <input type="checkbox"/> Ms First _____ | MI <input type="checkbox"/> | Last _____ |
|--|-----------------------------|------------|

| | |
|-------------------------------|-----------------------------|
| Lender Contact Phone #: _____ | Lender Contact Fax #: _____ |
|-------------------------------|-----------------------------|

| |
|----------------------|
| Lender E-mail: _____ |
|----------------------|

NOTE: According to the Paperwork Reduction Act, you are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated burden for completing this form, including time for reviewing instructions, gathering data needed, and completing and reviewing the form is 10 minutes. Comments or questions on the burden estimates should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., SW, Washington DC 20416. **PLEASE DO NOT SEND FORMS TO THIS ADDRESS.**