

DISASTER BUSINESS LOAN APPLICATION - Page 1 of 3

1 ARE YOU APPLYING FOR:	
<input type="checkbox"/> Physical Damage <input type="checkbox"/> Real Property <input type="checkbox"/> Business Contents <input type="checkbox"/> Economic Injury (EIDL)	<input type="checkbox"/> Military Reservist EIDL (MREIDL) Name of Essential Employee <input type="text"/> Employee's Social Security Number <input type="text"/>
2 ORGANIZATION TYPE	
<input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> Limited Partnership <input type="radio"/> Limited Liability Entity <input type="radio"/> Corporation <input type="radio"/> Nonprofit Organization <input type="radio"/> Trust	
3 * APPLICANT'S LEGAL NAME	4 * FEDERAL E.I.N. (if applicable)
<input type="text"/>	<input type="text"/>
5 TRADE NAME (if different from legal name)	6 * BUSINESS PHONE NUMBER (including area code)
<input type="text"/>	<input type="text"/>
7 MAILING ADDRESS	
<input type="radio"/> Business <input type="radio"/> Home <input type="radio"/> Temporary <input type="radio"/> Other <input type="text"/>	
*Number, Street, and/or Post Office Box	*Zip *City *State
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
8 DAMAGED PROPERTY ADDRESS(ES)	
* BUSINESS PROPERTY IS: <input type="radio"/> Owned <input type="radio"/> Leased Make this Address the same as Applicant's Mailing Address entered in Section 7	
*Number and Street Name	*Zip *City *State *County
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Coverage Type <input type="text"/>	Insurance Company <input type="text"/> Agent Name <input type="text"/>
Phone Number of Insurance Agent <input type="text"/>	Policy Number <input type="text"/>
Add Another Insurance	
Add Another Damaged Property	
9 PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) TO CONTACT FOR:	
Loss Verification Inspection	Information necessary to process the Application
*Name <input type="text"/>	*Name <input type="text"/>
*Telephone Number <input type="text"/>	*Telephone Number <input type="text"/>
10 ALTERNATE WAY TO CONTACT YOU	
Cell Number <input type="text"/>	E-mail <input type="text"/>
Fax Number <input type="text"/>	Other <input type="text"/>
11 BUSINESS ACTIVITY: <input type="text"/>	12 NUMBER OF EMPLOYEES:(Pre-disaster) <input type="text"/>
13 * DATE BUSINESS ESTABLISHED: <input type="text"/>	14 * CURRENT MANAGEMENT SINCE: <input type="text"/>
15 AMOUNT OF ESTIMATED LOSS:	
Real Estate <input type="text"/>	Inventory <input type="text"/>
Machinery & Equipment <input type="text"/>	Leasehold Improvements <input type="text"/>
16 * Does Primary Applicant own 20% or more of a corporation, partnership, limited partnership, or LLC? <input type="radio"/> Yes <input type="radio"/> No	



U.S. Small Business Administration

Disaster Loan Application

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17 OWNERS (individual and business)

Complete for each: 1) proprietor, or 2) limited partner who owns 20% or more interest and each general partner, or 3) stockholder or entity owning 20% or more voting stock. Explain Citizen **NO** answers in #22 on last page.

Individual Owner No individual owner

* First Name	Middle Name	* Last Name	Suffix	Title/Office	* % Owned	E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* SSN	Marital Status	Date of Birth	Place of Birth	Telephone Number	* U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Make this Address the same as Applicant's Mailing Address entered in Section 7

* Mailing Address * Zip Code * City * State

* In addition to ownership in <entity legal name>, does this individual owner own 20% or more of another corporation, partnership, limited partnership, or LLC?

Yes No

[Add another individual owner](#)

Business Entity Owner No business entity owner

* Legal Name	* Type of Business	* % Owned
<input type="text"/>	<input type="text"/>	<input type="text"/>
* EIN	Telephone Number	E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Make this Address the same as Applicant's Mailing Address entered in Section 7

* Mailing Address * Zip Code * City * State

* In addition to ownership in <app legal name>, does this business entity owner own 20% or more of another corporation, partnership, limited partnership, or LLC?

Yes No

[Add another business entity owner](#)

18. For the applicant business and each owner listed in item 17, please respond to the following questions, providing dates and details on any question answered YES.

- * a. Has the business or a listed owner ever been involved in a bankruptcy or insolvency proceeding?
 Yes No Provide details such as dates and current status
- * b. Does the business or a listed owner have any outstanding judgments, tax liens, or pending lawsuits against them?
 Yes No Provide details such as dates and current status
- * c. In the past year, has the business or a listed owner been convicted of a criminal offense committed during and in connection with a riot or civil disorder or other declared disaster, or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction?
 Yes No Name Complete Details
- * d. Has the business or a listed owner ever had or guaranteed a Federal loan or a Federally guaranteed loan?
 Yes No Agency Name Office Location Account Number
- * e. Is the business or a listed owner delinquent on any Federal taxes, direct or guaranteed Federal loans (SBA, FHA, VA, student, etc.) Federal contracts, Federal grants, or any child support payments?
 Yes No Agency Name Office Location Account Number
- * f. Does any owner, owner's spouse, or household member work for SBA or serve as a member of SBA's SCORE, ACE, or Advisory Council?
 Yes No Name
- * g. Is the applicant or any listed owner currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans?
 Yes No Complete Details

19. Regarding you or any of the individuals listed in Item 17:

*a) are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction; b) have you been arrested in the past six months for any criminal offense; c) for any criminal offense - other than a minor vehicle violation - have you ever: 1) been convicted, 2) plead guilty, 3) plead nolo contendere, 4) been placed on pretrial diversion, or 5) been placed on any form of parole or probation (including probation before judgment)?

Yes No If yes, Name

20. PHYSICAL DAMAGE LOANS ONLY

If your application is approved, you may be eligible for additional funds to cover the cost of mitigating measures (real property improvements or devices to minimize or protect against future damage from the same type of disaster event). It is not necessary for you to submit the description and cost estimates with the application. SBA must approve the mitigating measures before any loan increase.

By checking this box, I am interested in having SBA consider this increase.

21. If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below.

Name and Address of representative (please include the individual name and their company)

(Name of Company)		Phone number (including Area Code)		
<input type="text"/>		<input type="text"/>		
Street Address	City	State	Zip Code	Fee Charged or Agreed Upon
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Unless the NO box is checked, I give permission for SBA to discuss any portion of this application with the representative listed above.

No

AGREEMENTS AND CERTIFICATIONS

On behalf of the undersigned individually and for the applicant business:

I / We authorize my/our insurance company, bank, financial institution, or other creditors to release to SBA all records and information necessary to process this application.

If my / our loan is approved, additional information may be required prior to loan closing. I/We will be advised in writing what information will be required to obtain my/our loan funds.

I / We hereby authorize the SBA to verify my/our past and present employment information and salary history as needed to process and service a disaster loan.

I/We authorize SBA, as required by the Privacy Act, to release any information collected in connection with this application to Federal, state, local, tribal or nonprofit organizations (e.g. Red Cross, Salvation Army, Mennonite Disaster Services, SBA Resource Partners) for the purpose of assisting me with my/our SBA application, evaluating eligibility for additional assistance, or notifying me of the availability of such assistance.

I / We will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any program or activity for which I/we receive Federal financial assistance from SBA, any person on grounds of age, color, handicap, marital status, national origin, race, religion, or sex.

I / We will report to the SBA Office of the Inspector General, Washington, DC 20416, any Federal employee who offers, in return for compensation of any kind, to help get this loan approved. I/We have not paid anyone connected with the Federal government for help in getting this loan.

PREVIOUS

NEXT

Screen to add an additional owner:

New field = "Spousal Relationship to" IF more than one individual owner exists AND Marital Status = MARRIED.

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Individual Owner # 1 delete		
*First Name <input type="text"/> Middle Name <input type="text"/> *Last Name <input type="text"/> Suffix <input type="text"/> Title/Office <input type="text"/> *% Owned <input type="text"/> E-mail Address <input type="text"/>		
*SSN <input type="text"/> Marital Status <input type="text"/> Date of Birth <input type="text"/> Place of Birth <input type="text"/> Telephone Number <input type="text"/> * U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No		
Make this Address the same as Applicant's Mailing Address entered in Section 7		
*Mailing Address <input type="text"/> *Zip Code <input type="text"/> *City <input type="text"/> *State <input type="text"/>		
*In addition to ownership in <app legal name>, does this individual owner own 20% or more of another corporation, partnership, limited partnership, or LLC? <input type="radio"/> Yes <input type="radio"/> No		
Individual Owner # 2 delete		
*First Name <input type="text"/> Middle Name <input type="text"/> *Last Name <input type="text"/> Suffix <input type="text"/> Title/Office <input type="text"/> *% Owned <input type="text"/> E-mail Address <input type="text"/>		
*SSN <input type="text"/> Marital Status <input type="text"/> Date of Birth <input type="text"/> Place of Birth <input type="text"/> Telephone Number <input type="text"/> * U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No		
*Spousal Relationship to: <input type="text"/>		
Make this Address the same as Applicant's Mailing Address entered in Section 7		
*Mailing Address <input type="text"/> *Zip Code <input type="text"/> *City <input type="text"/> *State <input type="text"/>		
*In addition to ownership in <app legal name>, does this individual owner own 20% or more of another corporation, partnership, limited partnership, or LLC? <input type="radio"/> Yes <input type="radio"/> No		
Add Another Individual Owner		



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22. ADDITIONAL SPACE:

Please refer to Item Number and Title

[PREVIOUS](#)

[NEXT](#)