

**Disaster Home Loan Application - Page 1 of 4**

If you know your 9 digit FEMA Registration Number, please enter it here:

No Joint Applicant(s)

1 Information about the Primary Applicant	Information about the Joint Applicant
<p>* First Name <input type="text"/></p> <p>Middle Name <input type="text"/></p> <p>* Last Name <input type="text"/> Suffix <input type="text"/></p> <p>* Social Security Number <input type="text"/></p> <p>* Birth Date <input type="text"/></p> <p>* Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input checked="" type="checkbox"/> Unmarried (Single, Divorced, Widowed)</p> <p>* Family Size <input type="text"/></p> <p>* SBA Employee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>* Self Employed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>* First Name <input type="text"/></p> <p>Middle Name <input type="text"/></p> <p>* Last Name <input type="text"/> Suffix <input type="text"/></p> <p>* Social Security Number <input type="text"/></p> <p>* Birth Date <input type="text"/></p> <p>* Relationship to Applicant <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Other <input type="text"/></p> <p>* Family Size <input type="text"/></p> <p>* SBA Employee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>* Self Employed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
2 Primary Applicant Mailing Address	Joint Applicant Mailing Address
<p>* Address <input type="text"/></p> <p>Address Line 2 <input type="text"/></p> <p>* Zip Code <input type="text"/> * City <input type="text"/></p> <p>* State <input type="text"/></p>	<p>Same as Primary Applicant Mailing Address</p> <p>* Address <input type="text"/></p> <p>Address Line 2 <input type="text"/></p> <p>* Zip Code <input type="text"/> * City <input type="text"/></p> <p>* State <input type="text"/></p>
3 Primary Applicant Contact Information	Joint Applicant Contact Information
<p>Enter all information that is applicable. * Please select a radio button to indicate the preferred method of contact.</p> <p>Home Phone <input type="text"/> <input checked="" type="checkbox"/></p> <p>Work Phone <input type="text"/> <input type="checkbox"/></p> <p>Cell or Alt. Phone <input type="text"/> <input type="checkbox"/></p> <p>E-mail Address <input type="text"/></p>	<p>Enter all information that is applicable. * Please select a radio button to indicate the preferred method of contact.</p> <p>Home Phone <input type="text"/> <input checked="" type="checkbox"/></p> <p>Work Phone <input type="text"/> <input type="checkbox"/></p> <p>Cell or Alt. Phone <input type="text"/> <input type="checkbox"/></p> <p>E-mail Address <input type="text"/></p>
4 Primary Applicant Closest Relative Not Living With You	Joint Applicant Closest Relative Not Living With You
<p>Name <input type="text"/></p> <p>Phone Number <input type="text"/></p>	<p>Name <input type="text"/></p> <p>Phone Number <input type="text"/></p>
5 Primary Applicant Employment	Joint Applicant Employment
<p>* Employer Name <input type="text"/></p> <p>Address <input type="text"/></p> <p>Address Line 2 <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip <input type="text"/></p> <p>* Length of Employment Years <input type="text"/> Months <input type="text"/></p> <p>* Gross Income <input type="text"/> *per <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year</p> <p>Occupation <input type="text"/></p> <p><a href="#">Add Another Employer</a></p>	<p>* Employer Name <input type="text"/></p> <p>Address <input type="text"/></p> <p>Address Line 2 <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> Zip <input type="text"/></p> <p>* Length of Employment Years <input type="text"/> Months <input type="text"/></p> <p>* Gross Income <input type="text"/> *per <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year</p> <p>Occupation <input type="text"/></p> <p><a href="#">Add Another Employer</a></p>
<p><b>Other Income</b> - Include if the income will be used to repay this loan. Examples are regular part-time work, social security, retirement or disability income, interest income, alimony and child support.</p> <p><input type="checkbox"/> No Other Income</p> <p>* Source <input type="text"/></p> <p>* Amount <input type="text"/> *per <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year</p> <p><a href="#">Add Another Income Source</a></p>	<p><b>Other Income</b> - Include if the income will be used to repay this loan. Examples are regular part-time work, social security, retirement or disability income, interest income, alimony and child support.</p> <p><input type="checkbox"/> No Other Income</p> <p>* Source <input type="text"/></p> <p>* Amount <input type="text"/> *per <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year</p> <p><a href="#">Add Another Income Source</a></p>
<p>* I own 20% or more of a corporation, partnership, limited partnership, or LLC. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>* I own 20% or more of a corporation, partnership, limited partnership, or LLC. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p><a href="#">PREVIOUS</a></p>	<p><a href="#">NEXT</a></p>

[Add another Joint Applicant](#)

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<b>6</b>	<b>Damaged Property Address</b>																						
* Is this your primary residence? <input checked="" type="radio"/> Yes <input type="radio"/> No                      * <input checked="" type="radio"/> Own <input type="radio"/> Rent																							
* Damage Type: <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Automobile																							
<u>Same as Primary Applicant Mailing Address</u>																							
* Address <input style="width: 90%;" type="text"/>																							
Address Line 2 <input style="width: 90%;" type="text"/>																							
* Zip Code <input style="width: 10%;" type="text"/> * City <input style="width: 20%;" type="text"/> * State <input style="width: 10%;" type="text"/> * County <input style="width: 20%;" type="text"/>																							
<b>7</b>	<b>Insurance Information</b>																						
<input type="checkbox"/> NO INSURANCE coverage of any kind (flood or other) was in force for this loss.																							
Insurance coverage(s) in force for this loss: <i>Please provide whatever information you have available at this time.</i>																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">* Type of Coverage</th> <th style="width: 25%;">Insurance Company Name</th> <th style="width: 15%;">Phone Number</th> <th style="width: 15%;">Policy Number</th> <th style="width: 10%;">Amount Received</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>				* Type of Coverage	Insurance Company Name	Phone Number	Policy Number	Amount Received	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Type of Coverage	Insurance Company Name	Phone Number	Policy Number	Amount Received																			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																			
<b>8</b>	<b>Other disaster assistance received or expected from:</b>																						
FEMA \$ <input style="width: 100px;" type="text"/> State \$ <input style="width: 100px;" type="text"/> Other: Describe <input style="width: 100px;" type="text"/> \$ <input style="width: 100px;" type="text"/>																							
<b>9</b>	<b>Assets</b>																						
Cash & Bank Accounts (include CDs but do not include IRAs, Keoghs or similar retirement accounts.) Do not include insurance proceeds. <span style="float: right;">Pre-disaster Value</span>																							
<input style="width: 100%;" type="text"/>																							
IRAs, Keoghs & other retirement accounts <span style="float: right;"><input style="width: 100%;" type="text"/></span>																							
Market value of stocks, bonds & other securities <span style="float: right;"><input style="width: 100%;" type="text"/></span>																							
* Resale value of furnishings, household goods & appliances <span style="float: right;"><input style="width: 100%;" type="text"/></span>																							
Primary residence address <input style="width: 90%;" type="text"/> <span style="float: right;"><input style="width: 100%;" type="text"/></span>																							
Other real estate owned address <input style="width: 90%;" type="text"/> <span style="float: right;"><input style="width: 100%;" type="text"/></span>																							
Other real estate owned address <input style="width: 90%;" type="text"/> <span style="float: right;"><input style="width: 100%;" type="text"/></span>																							
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Other (vehicles, boats, etc.) describe <input style="width: 90%;" type="text"/> <span style="float: right;"><input style="width: 100%;" type="text"/></span>																							
<b>10</b>	<b>Debts</b>																						
<input type="checkbox"/> I have no debts																							
<b>Mortgage Holder's Name &amp; Address</b>																							
Name <input style="width: 90%;" type="text"/>		Monthly Payment	Present Mortgage Balance																				
Address <input style="width: 90%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																				
Address Line 2 <input style="width: 90%;" type="text"/>																							
City <input style="width: 20%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip Code <input style="width: 10%;" type="text"/>																							
<b>Additional Mortgage holder's Name &amp; Address (if any)</b>																							
Name <input style="width: 90%;" type="text"/>		Monthly Payment	Present Mortgage Balance																				
Address <input style="width: 90%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																				
Address Line 2 <input style="width: 90%;" type="text"/>																							
City <input style="width: 20%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip Code <input style="width: 10%;" type="text"/>																							
<u>Add Another Mortgage Holder</u>																							
If you own your home and if payment(s) above do NOT include real estate taxes and/or insurance, OR if residence is paid for, please provide (as applicable)																							
Real Estate Taxes		Hazard Insurance	Condo / HOA Fees																				
\$ <input style="width: 100px;" type="text"/> <input type="radio"/> Month <input type="radio"/> Year		\$ <input style="width: 100px;" type="text"/> <input type="radio"/> Month <input type="radio"/> Year	\$ <input style="width: 100px;" type="text"/> <input type="radio"/> Month <input type="radio"/> Year																				

Other Debts

Delete	Name of Creditor	Type of Debt	Monthly Payment	Balance	How Secured
					

[Add Another Debt](#)

**11** Extraordinary Expenses (Required & Continuing)

Examples of Extraordinary Expenses are unusually high and long-term (10 months or longer) e.g. medical costs, child care, child support, alimony, tuition for schools required by medical disability.

Amount Per Month	Description

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<b>12</b>	<b>OTHER INFORMATION</b>
<p><b>Note: This information also applies to Joint Applicant, if any. If more space is needed, use Number (13) on next page.</b> Provide details for any question answered <b>YES</b></p>	
<p>* a. Has the applicant or joint applicant ever had a SBA loan or a SBA guaranteed loan? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>SBA Office location <input type="text"/> Account number <input type="text"/></p>
<p>* b. Has the applicant or joint applicant ever had any Federal loans or Federally guaranteed loans? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Agency name <input type="text"/> Account number <input type="text"/> Office location <input type="text"/></p>
<p>* c. Is the applicant or joint applicant delinquent on any Federal taxes, direct or guaranteed loans (FHA, VA, student, etc.), contracts, grants, or child support payments? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Agency name <input type="text"/> Office location <input type="text"/> Account number <input type="text"/></p>
<p>* d. Has the applicant or joint applicant ever been bankrupt? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Provide complete details such as dates, parties involved and current status. <input type="text"/></p>
<p>* e. Does the applicant or joint applicant have a judgement or lawsuit pending? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Provide complete details such as dates, parties involved and current status. <input type="text"/></p>
<p>* f. In the past year, has the the applicant or joint applicant been convicted of a felony during and in connection with a riot or civil disorder or other declared disaster, or 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? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>If yes, Name <input type="text"/> Select One... Provide complete details <input type="text"/></p>
<p>* g. Regarding you or any joint applicant: 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) placed on any form of parole or probation (including probation before judgment)? <input type="radio"/> Yes <input type="radio"/> No If yes, Name <input type="text"/> Select One...</p> <p>Dates and Details <input type="text"/></p>	
<p>* h. Is the applicant or any joint applicant currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Dates and Details <input type="text"/></p>	
<p>* i. Is the applicant/joint applicant a U.S. citizen? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Details <input type="text"/></p>	
<p>* j. If my loan is approved, I may be eligible for additional funds to cover the cost of safeguarding my property from similar damages as caused by this disaster. It is not necessary for me to submit the description and cost estimates with the application. SBA approval of these safeguarding measures will be required before any loan increase. <input type="checkbox"/> <b>By checking this box, I am interested in having SBA consider this increase.</b></p>	
<p>* k. Has the applicant or joint applicant paid a representative (attorney, accountant, etc.) to assist with this application? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Representative Name <input type="text"/> Street Address <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> Fee charged or agreed upon <input type="text"/></p>	
<p>l. SBA has my permission to verify my past and present employment information and salary history as needed to process and service my disaster loan; I authorize my insurance company, bank, financial institution, or other creditors to release to SBA all records and information necessary to process this application.</p>	
<p>m. SBA has my permission, as required by the Privacy Act, to release 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 SBA application, evaluating my eligibility for additional disaster assistance, or notifying me of the availability of such assistance.</p>	
<p>n. If my loan is approved, additional information may be required prior to loan closing. I will be advised in writing what documents will be needed to obtain my loan funds.</p>	
<p>o. I have received and read a copy of the "STATEMENTS REQUIRED BY LAWS AND EXECUTIVE ORDERS".</p>	
<p>* <input type="checkbox"/> <b>All the information on this application and any documents provided is true to the best of my knowledge and you may rely on it to provide disaster loan assistance. All damages claimed are a direct result of the declared disaster. I understand that I could lose my benefits and could be prosecuted by the U.S. Attorney for making false statements.</b> Reference 18 U.S.C. 1001 and/or 15 U.S.C. 645.</p>	



U.S. Small Business Administration

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# Disaster Loan Application

0% Complete

SAVE

HELP

## Disaster Home Loan Application - Page 4 of 4

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### ADDITIONAL INFORMATION

*Please refer to item number.*

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NEXT



## Filing Requirements

If you have questions about this application or problems providing the required information, please contact our Customer Service Center. Call 1-800-659-2955 (TTY: 1-800-877-8339) or email [disastercustomerservice@sba.gov](mailto:disastercustomerservice@sba.gov).

SBA will contact you by phone or E-mail to discuss your loan request.

### The following are REQUIRED for ALL LOAN APPLICATIONS

The blue arrow below indicates the next section to complete. Complete the information behind any links marked with an orange exclamation mark to continue to the next section.

The SBA requires each of the sections below to be completed and submitted in order to accept your loan application. Click one of the links to either complete the section online (where available), or download the form to complete and submit to SBA offline.

**PLEASE NOTE:** If forms are downloaded to submit offline and there is a signature line on the form, the form must be signed before submitting it to the SBA. SBA will not be able to begin to process your application, until all of form(s) are received.

Click on the "information about offline submission" link for delivery instructions. [Information about offline submission.](#)

✓ Complete the *Disaster Home Loan Application (SBA Form 5C)*.

✓ **Disaster Home Loan Application** [\(Enter online\)](#)

➔ Complete the Tax information Authorization (IRS Form 8821). This income information, obtained from the IRS, will help us determine your repayment ability.

! Truthful Information Certification Acceptance.

! **Truthful Information Certification**

! Preview and Submit Application.

! **Submit Application**

### WHILE NOT NECESSARY TO ACCEPT YOUR APPLICATION, YOU MAY BE REQUIRED TO SUPPLY THE FOLLOWING INFORMATION TO PROCESS THE APPLICATION. IF REQUESTED, PLEASE PROVIDE WITHIN 7 DAYS OF THE INFORMATION REQUEST:

If any applicant has changed employment within the past two years, provide a copy of a current (within 1 month of the application date) pay stub for all applicants.

If we need additional income information, you may be asked to provide copies of your Federal income tax returns, including all schedules.

### IF SBA APPROVES YOUR LOAN, WE MAY REQUIRE THE FOLLOWING ITEMS BEFORE LOAN CLOSING. WE WILL ADVISE YOU IN WRITING, OF THE DOCUMENTS WE NEED.

If you own your residence, a COMPLETE legible copy of the deed, including the legal description of the property.

If the damaged property is your primary residence, proof of residence at the damaged address.

If you had damage to a manufactured home, a copy of the title. If you own the lot where the home is located, a COMPLETE legible copy of the deed, including the legal description of the property.

If you have damage to an automobile or other vehicle, proof of ownership (a copy of the registration, title, bill of sale, etc.)

PREVIOUS