OMB Approval No. 3245-0136 Expiration Date: xx/xx/xxxx

Purpose of form: This form is used by SBA's Office of Disaster Assistance only to record information collected from individuals, businesses and government officials regarding disaster related damages. The information helps SBA to determine whether or not to issue a disaster declaration.

	Disaster Ass	istance - Field	Operations	Center (FOC	)			
State			Name of Governo	r or Authorized Rep	presentative	Date of Request		
Type and Cause of Disaster				Date(s) of occurrence		Date(s) of Survey		
County or Political Subdivision Surveyed				SBA Survey Tear	m Member(s)			
			DAM	AGE SUMMAR	Υ			
		ated Properties Af		Major Damage Qualifying for SB				
	The second secon	omes	Businesse Number	\$ Amount	Homes	Number	\$ Amount	
Majoro	Number	\$ Amount	Number	\$ Amount	Business			
Majors Minors			MARKET TO		Non-Profit		7	
					TOTALS			
IOTALS								
Comments:								

PLEASE NOTE: The estimated burden for completing this form is 5 minutes. You are not required to respond to any collection of information unless it displays a current valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., SW, Washington, DC 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC 20503. OMB Approval (3245-0136). PLEASE DO NOT SEND FORMS TO OMB.

SBA Form 987 (05-15) Previous edition is obsolete

## Field Worksheet For Individuals and Businesses Meeting 40% Uninsured Loss Criteria

ADDRESS	TYPE	REPLACEMENT	LOSS	INSURANCE	UNINSURED LOSS	
		VALUE	AMOUNT	AMOUNT	AMOUNT	PERCENTAGE
						Ita I
			2 (1987)			
					THE STATE OF	
					198 19	
						State of St
	ME FIPE					
			Little .			TE HISDU

<sup>\*</sup> Types: HO=Homeowners, HR=Home Renter, MH=Manufactured Home, BO=Business (Owns Premises) BR=Business (Rents or Lease Premise), NP = Non Profit

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