



DISASTER HOME LOAN INQUIRY RECORD

PLEASE NOTE: The public reporting burden for this collection of information is estimated to average 15 minutes per response, including gathering and maintaining the data needed, and completing and reviewing the collection of information. You are not required to respond to any collection of information unless it displays a currently valid OMB Approval number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to: Chief, AIB, Room 5000, U.S. Small Business Administration, Washington, DC 20416; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

The Form 700 is used in non-Presidential declarations to document interviews with disaster survivors seeking a disaster loan application. It is also used in Presidential declarations to record interviews. SBA Form 700 is completed by ODA personnel based on the responses provided by the disaster survivors during the preliminary interviews. Signature of the prospective applicant is only used when interview results in a summary decline.

OMB No. 3245-0084
Expiration Date: xx/xx/xxxx

1. NAME OF PROSPECTIVE APPLICANT (if Inquirer is not applicant, state inquirer's relationship to "A" in comments section.)			2. HOME TELEPHONE		
last	first	mi	area code	number	
3. SSN OF PROSPECTIVE APPLICANT:			4. FEMA REGISTRATION NUMBER:		
5. MAILING ADDRESS		EMAIL ADDRESS (optional):			
number	street	city	county	state zip	
6. DAMAGED PROPERTY ADDRESS (If different from mailing address)					
number	street	city	county	state zip	
7. MARITAL STATUS OF PROSPECTIVE APPLICANT			8. SPOUSE'S NAME		
<input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> unmarried (single, divorced or widowed)			Will spouse be a joint applicant? <input type="checkbox"/> yes <input type="checkbox"/> no		
9. DEPENDENTS			10. INSURANCE COVERAGE FOR THIS LOSS?		
total number in family			<input type="checkbox"/> yes <input type="checkbox"/> no		
11. GROSS INCOME (NOTE: Alimony, child support or separate maintenance payments need not be disclosed if not a basis for repayment for this loan request.)					
applicant gross salary	<input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year	OTHER income, gross (include joint applicant, if any)	<input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year	Source of OTHER income	
\$		\$			
12. DEBTS ---OTHER OBLIGATIONS: Include alimony, child support, real estate taxes and insurance, etc.					
name and address of creditor		monthly pmt	name and address of creditor		monthly pmt
mortgage or rent		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$	Total		\$
13. SIGNATURE OF PROSPECTIVE APPLICANT		DATE	14. SIGNATURE OF PROSPECTIVE JOINT APPLICANT		DATE
15. TYPE OF INTERVIEW			18. SBA Use Only		
<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Telephone			Recommending Official (sign & print name) _____ Concurring Official (sign & print name) _____ Form 1363 given on date _____		
16. APPLICATION GIVEN?					
<input type="checkbox"/> Yes on (date) _____ <input type="checkbox"/> No, provide comments					
17. COMMENTS					
19. INTERVIEWER					
signature		printed name		title	date
location			declaration number		