



DISASTER BUSINESS 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 with business loan survivors. SBA Form 700 is completed by ODA personnel based on the responses provided by the disaster survivors during the preliminary interviews.

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

1. NAME OF PROSPECTIVE APPLICANT					
legal name					
trade name			2. E-Mail Address (optional):		
3. SSN/EIN OF PROSPECTIVE APPLICANT:			4. FEMA REGISTRATION NUMBER:		
5. MAILING ADDRESS					
number	street	city	county	state	zip
6. BUSINESS LOCATION, if different					
number	street	city	county	state	zip
7. TELEPHONE at place of business			8. TELEPHONE OF ALTERNATIVE CONTACT		
area code	number	name		area code	number
9. TYPE OF BUSINESS ACTIVITY					
10. TYPE OF ORGANIZATION					
<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____					
11. INQUIRER					
Name					
If not applicant, relationship to applicant					
Mailing address, if different from applicant's					
Telephone number, if different from applicant's					
12. APPLICATION REQUESTED					
<input type="checkbox"/> in individual in-person interview <input type="checkbox"/> in group in-person interview <input type="checkbox"/> by telephone interview <input type="checkbox"/> by mail					
13. APPLICATION ISSUED					
Type: <input type="checkbox"/> physical <input type="checkbox"/> EIDL					
Method: <input type="checkbox"/> in-person on (date) _____ <input type="checkbox"/> by mail on (date) _____					
14. COMMENTS					
15. INTERVIEWER					
signature		printed name		title	date
location			declaration number		