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.

U. S. SMALL BUSINESS ADMINISTRATION Disaster Survey Worksheet

Disaster Assistance - Field Operations Center (FOC)

				lance - Fleid Ope		` ,		
State Name of Gov			lame of Governor	or Authorized Representa	tive	Date of Request		
Type and Cause of Disaster				Date(s) of occurrence		Date(s) of Survey		
County or Politi	cal Subdivision Su	irveyed		SBA Survey Team Me	ember(s)			
				DAMAGE SUMM	ARY			
		Estimated Propert	ies Affected			Majors Damag	e Qualifying for SBA	
	Homes		Businesses / Non-Profits		Number \$ Amount			
	Number	\$ Amount	Number	\$ Amount	Homes			
Major					Businesses /			
Minor					Non-Profits			
TOTALS					TOTALS			
Comments:								
FOC Recomm			Approve	Disapprove				
1 OO DIIGCIOI S	o oigilalule			Date:				

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SBA Form 987 (XX-XX) Previous edition is obsolete

Field Worksheet For Individuals and Businesses Meeting 40% Uninsured Loss

ADDRESS	TYPE	REPLACEMENT VALUE	LOSS AMOUNT	INSURANCE AMOUNT	UNINSURED LOSS	
ADDRESS					AMOUNT	PERCENTAGE

^{*} Types: HO=Homeowners, HR=Home Renter, MH=Manufactured Home, BO=Business (Owns Premises) BR=Business (Rents or Lease Premise), NP = Non Profit Page 2