

Loan Information

FAQs Help Contact Us Register Login

Search Declarations

**Apply Online** 

**Disaster Loan Assistance** 

|  |                    | 373                 |             |                            |              |                   |                    |      |
|--|--------------------|---------------------|-------------|----------------------------|--------------|-------------------|--------------------|------|
| Disaster Loan A  | pplication #       | 230000003           | 4 Progres   | s IIIIIIIII                |              |                   |                    | Save |
| Disaster Hor   | ne Loan A          | Applicatio          | n           | FEMA Registration          | n Number     | :                 |                    |      |
| ARE YOU APPLYI   | NG FOR             |                     |             |                            |              |                   |                    |      |
| O Primary Reside   | nce O Sole P       | roprietor - Physica | l Damage (  | Sole Proprietor - E        | Economic In  | jury              |                    |      |
| PRIMARY APPLIC   | ANT                |                     |             | CONTACT INFOR              | MATION       |                   |                    |      |
| *First Name  |                    |                     |             | * Check your preferre      | d method of  | contact:          |                    |      |
| _  |                    |                     |             | E-mail Address             |              |                   |                    | 0    |
| Middle Name  |                    |                     |             | Cell Phone                 |              |                   |                    |      |
| *Last Name   |                    |                     |             | Home Phone                 |              |                   |                    |      |
| *Household Size  |                    | Suffix              |             | Work Phone                 |              |                   |                    | 0    |
| *Social Security Number  |                    | Date of Birth       |             | Closest Relativ<br>Name    | e Not Livi   | ng With You:      |                    |      |
| <b>*</b> Marital Status  |                    | ○ Married           | Not Married |                            |              |                   |                    |      |
| *Are you a U.S. Citizen?   |                    | Yes                 | ○ No        | Phone Numbe                | r            |                   |                    | _    |
| * Are you an SBA Employ  | /ee?               | Yes                 | ○ No        |                            |              |                   |                    |      |
| INCOME INFORM  | NOITAN             |                     |             |                            |              |                   |                    |      |
| * C Employed   | Unemployed         | Self Employed       | Retired     | * Total Annual Ir          | ncome (befo  | re deductions)    | \$                 |      |
| * Employer Name  |                    |                     |             | Employer Phone Nu          | ımber        |                   |                    |      |
| Note: Include all re<br>income, disability in<br>Do not include one- | ncome, interest in | come, child suppor  |             | nent, self-employmen<br>:- | t, part-time | e work, social se | ecurity, retiremen | at   |
| PREVIOUS   |                    |                     |             |                            |              |                   | ADD JOINT AP       | NEXT |



Loan Information

lelp Contact Us

Search Declarations

Apply Online

Register

### **Disaster Loan Assistance**

Disaster Loan Application #2300000034 Progress

Federal Disaster Loans for Businesses, Private Nonprofits, Homeowners, and Renters

| JOINT APPLICANT            |                 |               | CONTACT INFORMATIO           | N                     |  |
|----------------------------|-----------------|---------------|------------------------------|-----------------------|--|
| *First Name                |                 |               | * Check your preferred metho | d of contact:         |  |
| -First Name                |                 |               | E-mail Address               |                       |  |
| Middle Name                |                 |               | Cell Phone                   |                       |  |
| *Last Name                 |                 |               | Home Phone                   |                       |  |
|                            | Suffix          |               | Work Phone                   |                       |  |
| * Social Security Number   | Date of Birth   |               |                              |                       |  |
| * Marital Status           | Married         | O Not Married |                              |                       |  |
| * Are you a U.S. Citizen?  | Yes             | ○ No          |                              |                       |  |
| * Are you an SBA Employee? | Yes             | ○ No          |                              |                       |  |
| INCOME INFORMATION         |                 |               |                              |                       |  |
| Employed Unemployed        | O Self Employed | Retired       | * Total Annual Income (b     | pefore deductions) \$ |  |
|                            |                 |               |                              |                       |  |

Do not include one-time or non-reoccurring income. Do not include items covered by Primary Applicant.

ADD JOINT APPLICANT

PREVIOUS

NEXT



Loan Information Search Declarations Apply Online

FAQs Help Contact Us Register Login

**Disaster Loan Assistance** 

| Disaster Loan Application #2300000034 Progress  | Save     |
|---|----------|
| Disaster Home Loan Application  |          |
| DAMAGED PROPERTY ADDRESS additional damaged properties added in "additional comments" section                           |          |
| *Address *City *County  |          |
| Type of Damage: Real Estate Personal Property Automobile  |          |
| MAILING ADDRESS if different than the damaged property address  |          |
| * Address *City County  |          |
| DAMAGED PROPERTY INFORMATION  |          |
| ➤ Do you own or rent this property?  Own  Rent  |          |
| * Is this property your Primary Residence?  |          |
| If No, please select from the list below:   |          |
| Vacation/secondary home I own the property but a family member/ friend lives in the property Rental / Business Property |          |
| INSURANCE INFORMATION   |          |
| Please check all insurance in force for the damaged property: (describe)  |          |
| Homeowner's Flood Automobile Renter's No Insurance Other:   |          |
| *Policy Type *Insurance Company Name Policy Number Phone Number Amount I  | Received |
| \$  |          |
| ADD INSUR   | ANCE     |
| OTHER DISASTER ASSISTANCE   |          |
| Other than FEMA, have you received any grant award (i.e. city grants, county grants, state grants, etc.):               | O No     |
|   |          |
| PREVIOUS  | NEXT     |



FAQs Help Contact Us Register Login



Loan Information Search Declarations Apply Online

## **Disaster Loan Assistance**

| isaster Loan Application  | n #2300                           | 0000034 Pro                                  | ogress                       |                                       |                 |             | Sav        |
|---|-----------------------------------|--|------------------------------|---------------------------------------|-----------------|-------------|------------|
| Disaster Home Lo  | an App                            | lication                                     |                              |                                       |                 |             |            |
| DEBTS   I have no debts   |                                   |  |                              |                                       |                 |             |            |
| Mortgage Holder or Landlord's Name (P   | mary Residence)                   | ) Mo   | nthly Payment/Rent           | Current Bal                           | lance           |             |            |
| Name  |                                   | \$   |                              | \$                                    |                 | ADD MO      | ORTGAGE    |
| Note: Please complete the section belo  | if the amounts                    | are <u>NOT</u> included in yo                | our mortgage paymer          | ıt:                                   |                 |             |            |
| Real Estate Taxes   |                                   | Homeowner's                                  | s Insurance                  | Condo/                                | Townhome/HOA    | /Co-Op Fees |            |
| \$ per ye   | ar                                | ş  | peryear                      | \$                                    | per yea         | r           |            |
|   |                                   |  |                              | aly Payment                           | Current Balance | ADD         | OTHER DEBT |
|   |                                   |  | Mont                         |                                       |                 | ADD         | OTHER DEBT |
| lote: Only Include debts that will last ke Name of Creditor ASSETS  |                                   |  | Mont                         |                                       |                 | ADD         | OTHER DEBT |
| ote: Only include debts that will last k Name of Creditor  ASSETS re-disaster values:   | nger than 10 m                    | onths.                                       | s Mont                       | \$                                    |                 |             | OTHER DEBT |
| ote: Only include debts that will last k Name of Creditor  ASSETS re-disaster values:  Cash, Bank Accounts and Marketal   | nger than 10 me                   | g. Stock & Bonds, CI                         | \$ Sp., etc.) (Not including | s s s s s s s s s s s s s s s s s s s | counts)         | s           | OTHER DEBT |
| ote: Only include debts that will last k Name of Creditor  SSETS  re-disaster values:  Cash, Bank Accounts and Marketal  Retirement Accounts (e.g. IRAs, Kec      | le Securities (e.                 | g. Stock & Bonds, CI                         | s s                          | \$ and retirement ac                  | counts)         | \$          | OTHER DEBT |
| Name of Creditor  ASSETS  Tre-disaster values:  * Cash, Bank Accounts and Marketal  * Retirement Accounts (e.g. IRAs, Kec  * Personal Property (furniture, applia | le Securities (e. gh, TSP or othe | g. Stock & Bonds, CI<br>er similar accounts) | \$ SDs, etc.) (Not including | s s s s s s s s s s s s s s s s s s s | counts)         | s<br>s      | OTHER DEBT |
| iote: Only include debts that will last k   | le Securities (e. gh, TSP or othe | g. Stock & Bonds, CI<br>er similar accounts) | \$ SDs, etc.) (Not including | s s s s s s s s s s s s s s s s s s s | counts)         | s<br>s      | OTHER DEBT |

PREVIOUS

Loan Information

FAQs Help Contact Us Register Login

Search Declarations Apply Online

NEXT

# **Disaster Loan Assistance**

| Disaster Loan Application #2300000034 Progress   |      | Save |
|--|------|------|
| Disaster Home Loan Application   |      |      |
| DISCLOSURES  |      |      |
| The responses below apply to the Applicant and Joint Applicant, if any. Please explain any "Yes" responses on the last places are supplied to the Applicant and Joint Applicant, if any are supplied to the Applicant and Joint Applicant, if any are supplied to the Applicant and Joint Applicant, if any are supplied to the Applicant and Joint Applicant, if any are supplied to the Applicant and Joint Applicant, if any are supplied to the Applicant and Joint Applicant, if any are supplied to the Applicant and Joint Applicant, if any are supplied to the Applicant and Joint Applicant, if any are supplied to the Applicant and Joint Applicant, if any are supplied to the Applicant and Joint Applicant, if any are supplied to the Applicant and Joint Applicant, if any are supplied to the Applicant and Joint Applicant, if any are supplied to the Applicant and Joint Applicant, if any are supplied to the Applicant and Joint Applicant, if any are supplied to the Applicant and Indiana. | page |      |
| *1. Are you delinquent on any Federal taxes, Federal loans, Federal grants, or 60 days past due on any child support obligation?   | Yes  | O No |
| *2. Are you currently a defendant in any lawsuits or have pending judgements against you?  | ○Yes | O No |
| *3. Are you currently suspended or debarred from contracting with Federal government or receiving Federal grants or loans?   | Yes  | O No |
| *4. Do you have federal loans, federally guaranteed loans, or previous SBA loans?  | ○Yes | O No |
| *5. Are you engaged in the production or distribution of any product that has been determined to be obscene by a court of competent jurisdiction?  | Yes  | O No |
| *6. In the past year, have you been convicted of a felony committed in connection with a riot or civil disorder?   | Yes  | O No |
| *7. Are you presently, a) 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) been placed on any form of parole or probation (including probation before judgment)?  | ○Yes | O No |



PREVIOUS

Loan Information

FAQs Help Contact Us Register Login

Search Declarations Apply Online

NEXT

## **Disaster Loan Assistance**

| Disaster Loan Application #2300000034 Progress | Save |
|--|------|
| Disaster Home Loan Application                 |      |
| ADDITIONAL COMMENTS                            |      |
|  |      |
|  |      |
|  |      |
|  |      |
|  |      |
|  |      |
|  |      |
|  |      |
|  |      |
|  |      |
|  |      |
|  |      |
|  |      |
|  |      |
|  |      |

| FEMA Registration Number:  |
|--|
| ARE YOU APPLYING FOR   |
| Primary Residence Sole Proprietor Sole Proprietor Physical Damage Economic Inju  |
| PRIMARY APPLICANT  |
| *First Name Middle Name  |
| *Last Name Suffix  |
| *Social Security Number *Date of Birth   |
| *Household Size  |
| *Marital Status Married Not Married  |
| *Are you a U.S. Citizen? Yes No  |
| *Are you an SBA Employee? Yes No   |
| CONTACT INFORMATION  |
| *Check your preferred method of contact:   |
| E-mail Address   |
| Cell Phone   |
| Cell Phone Home Phone  |
| Work Phone (   |
| Closest Relative Not Name: Living With You: Phone Number:  |
| INCOME INFORMATION   |
| Primary Applicant  |
| * Employed Unemployed Self Employed Retired  |
| * Total Annual Income (before deductions) \$   |
| * Employer Name  |
| Employer Phone Number  |
| Note: Include all reoccurring income from all sources such as employment, self-<br>employment, part-time work, social security, retirement income, disability<br>income, interest income, child support, alimony, etc. |
| Do not include one-time or non-reoccurring income.   |
| ADD JOINT APPLICANT  |
| PREVIOUS   |

| •  |                      |                            |                                    |
|--|----------------------|----------------------------|------------------------------------|
|  |                      |                            | ▼ 🖈 🖹 12:29                        |
| SB<br>U.S. Small Business Ad<br>Disaster |                      |                            | ENU 🗮                              |
| Disaster H                               | ome Loan             | Applicati                  | ion                                |
| FEMA Regist                              | ration Number:       |                            |                                    |
| ARE YOU APP                              | LYING FOR            |                            |                                    |
| Primary Resi                             | dence Sole           | Proprietor (<br>cal Damage | Sole Proprietor<br>Economic Injury |
| PRIMARY APP                              | LICANT               |                            |                                    |
| •First Name                              |                      | Middle Name                |                                    |
| *Last Name                               |                      | Suffix                     |                                    |
| *Social Security Nu                      | mber                 | *Date of Birth             |                                    |
| *Household Size                          |                      |                            |                                    |
| *Marital Status                          |                      |                            | O Not Married                      |
| *Are you a U.S. Citi                     |                      | ○Yes                       | ○ No                               |
| *Are you an SBA En                       | nployee?             | Yes                        | ○ No                               |
| CONTACT INFO                             | RMATION              |                            |                                    |
|  | ed method of contact |                            |                                    |
| E-mail Address                           |                      |                            |                                    |
| Cell Phone                               |                      |                            |                                    |
| Home Phone<br>Work Phone                 |                      |                            |                                    |
|  |                      |                            |                                    |
| Closest Relative Not<br>Living With You: | Name                 |                            |                                    |
| Phone N                                  | mber                 |                            |                                    |
| ◁  | C                    | )                          |                                    |
|  |                      |                            |                                    |
|  |                      |                            |                                    |
|  |                      |                            |                                    |

| JOINT APPLIC                          | ANT                 |  |               |
|---------------------------------------|---------------------|--|---------------|
| *First Name                           |                     | Middle Name  |               |
| *Last Name                            |                     | Suffix   |               |
| *Social Security Nu                   | mber                | *Date of Birth   |               |
|                                       |                     |  |               |
| *Marital Status                       |                     | Married  | Not Married   |
| *Are you a U.S. Citi:                 | zen?                | Yes  | ○ No          |
| *Are you an SBA En                    | nployee?            | Yes  | ○ No          |
| CONTACT INFO                          | RMATION             |  |               |
| *Check your prefer                    | ed method of con    | tact:  |               |
| E-mail Address                        |                     |  | 0             |
| Cell Phone                            |                     |  | 0             |
| Home Phone                            |                     |  | 0             |
| Work Phone                            |                     |  | 0             |
| INCOME INFO                           | RMATION             |  |               |
| Primary Applic                        | ant                 |  |               |
| * C Employed                          | Unemploye           | d Self Employed  | Retired       |
| * Total Annual Inc                    | ome (before dedu    | uctions) \$  |               |
| * Employer Name                       |                     |  |               |
| Employer Phone                        | Number              |  |               |
|                                       | t-time work, social | e from all sources such as e<br>security, retirement incom<br>ort, alimony, etc. |               |
| Do not include on<br>covered by Prima |                     | occurring income. Do not   | include items |
|                                       |                     | ADD JO   | INT APPLICANT |
|                                       |                     |  |               |
|                                       |                     |  |               |
| PREVIOUS                              |                     |  | NEXT          |



|             | SED PROPERTY ADDRESS damaged properties added in "additional comments" section |
|-------------|--|
| * Address   |  |
| * City      | *County  |
| Type of Da  | amage: Real Estate Personal Property Automobile                                |
|             | G ADDRESS than the damaged property address                                    |
| * Address   |  |
| * City      | *County  |
| DAMAG       | ED PROPERTY INFORMATION  |
| * Do you    | own or rent this property? Own Rent  |
| * Is this p | roperty your Primary Residence? Yes No   |
| If No.      | , please select from the list below:   |
| _           | /acation/secondary home  |
| ~           | own the property but a family member/ friend lives in the property             |
| ~           | lental / Business Property   |
| 0.          | iental / business rroperty   |
| INSURA      | NCE INFORMATION  |
| Please che  | ck all insurance in force for the damaged property:                            |
| Home        | eowner's Flood Automobile Renter's No Insurance                                |
|             | (describe)   |
| Other       | :  |
| * Policy T  | ype * Insurance Company Name   |
|             |  |
| Policy Nu   | mber Phone Number Amount Received  |
| Folicy Nu   |  |
|             | \$   |
|             | ADD INSURANCE  |
| OTHER       | DISASTER ASSISTANCE  |
| Other t     | han FEMA, have you received any grant  |
| award       | (i.e. city grants, county grants, state grants, etc.):                         |
|             |  |
|             |  |

NEXT

PREVIOUS

| (           |   |                            |                |
|-------------|---|----------------------------|----------------|
|             |   |                            | 12:2           |
| S           | BA siness Administration  | MEI                        | NU 🗮           |
|             | ter Loan Ass  | istance                    |                |
| Disast      | er Home Loan  | Application                |                |
|             | ED PROPERTY ADDR  |                            | section        |
| * Address   |   |                            |                |
| *City       |   | *County                    |                |
| Type of Da  | mage: Real Estate   | Personal Property          | Automobile     |
|             | G ADDRESS<br>than the damaged property a                            | ddress                     |                |
| * Address   |   |                            |                |
| *City       |   | *County                    |                |
| DAMAG       | D PROPERTY INFOR  | MATION                     |                |
| ,           | wn or rent this property?   | Own Rent                   | :              |
| _           | perty your Primary Residence?<br>please select from the list below: | ⊖ tes ⊖ No                 |                |
|             | cation/secondary home   |                            |                |
| ○ I         | wn the property but a family me                                     | mber/friend lives in the p | roperty        |
| ○ R         | ntal / Business Property  |                            |                |
|             | CE INFORMATION  |                            |                |
| Please che  | k all insurance in force for the dama<br>owner's Flood Auto         | ged property:<br>omobile   | ☐ No Insurance |
|             | (desorbe)   |                            |                |
| Other:      |   |                            |                |
| * Policy Ty | pe * Insurance Compan   | y Name                     |                |
|             |   | ) [                        | J              |
|             |   |                            |                |
|             |   |                            |                |
|             |   |                            |                |

| DEBTS          | ☐ I hav           | e no debts  | i                   |                    |            |           |
|----------------|-------------------|-------------|---------------------|--------------------|------------|-----------|
| Mortgage I     | Holder or Landle  | ord's Name  | e (Primary Reside   | ence)              |            |           |
| Name           |                   |             |                     |                    |            |           |
|                | Monthly Payn      | nent/Rent   | Current             | Balance            |            |           |
|                | \$                |             | \$                  |                    |            |           |
|                |                   |             |                     |                    | ADD I      | MORTGAGE  |
|                | rtgage paymen     | t:<br>H     | oelow if the amo    | unts are <u>NO</u> | Condo/To   | wnhome/   |
| s              |                   |             | isurance            | ٦                  | - HOA/CO-C |           |
|                | per ye            | ear ə       |                     | peryear            | *          | per yea   |
| \$             | \$                |             |                     |                    | ADD OT     | THER DEBT |
| ASSETS         | 5                 |             |                     |                    |            |           |
| Pre-disaste    | r values:         |             |                     |                    |            |           |
|                |                   |             | Securities (e.g. St |                    |            |           |
| CDs, etc.) (No | ot including ret  | irement ac  | counts)             |                    | \$         |           |
| Retirement A   | Accounts (e.g. IR | As, Keogh   | , TSP or other sin  | nilar accoun       | ts)\$      |           |
| Personal Pro   | perty (furniture  | , appliance | es, vehicles,       |                    | \$         |           |
| Primary Resi   | dence             | ,           |                     |                    | s          |           |
| All Other Rea  | al Estate (descri | be          |                     |                    | \$         |           |
| PREVIOU        | IS                |             |                     |                    |            | NEXT      |



#### DISCLOSURES

The responses below apply to the Applicant and Joint Applicant, if any. Please explain any "Yes" responses on the last page. \* 1. Are you delinquent on any Federal taxes, Federal loans, Federal grants, or \*2. Are you currently a defendant in any lawsuits or have pending \*3. Are you currently suspended or debarred from contracting with Federal government or receiving Federal grants or loans?..... \*4. Do you have federal loans, federally guaranteed loans, or previous SBA loans? Yes No Are you engaged in the production or distribution of any product that has been determined to be obscene by a court of competent jurisdiction? \* 6. In the past year, have you been convicted of a felony committed in \*7. Are you presently, a) subject to an indictment, criminal information, ar aignment, or other means by which formal criminal charges are brought in amy 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 noto contendere, 4) been placed on pretrial diversion, or 5) been placed on any form of parole or probation (including 

NEXT





