**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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1. NAME OF PROSPECTIVE APPLICANT** (if Inquirer is not applicant**,** state Inquirer’s | | | | | | | | | | | | | | | | | | | | | | **2. HOME TELEPHONE** | | | | | | | |
| relationship to “A” in comments section.) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 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** | | | | | | | | | | | | | |
| married separated unmarried (single, divorced or widowed) | | | | | | | | | | | | | | | |  | | | | | | | | Will spouse be a  joint applicant? | | | | yes | |
| no | |
| **9. DEPENDENTS** | | | | | | | | | | | | | | | | **10. INSURANCE COVERAGE FOR THIS LOSS?** | | | | | | | | | | | | | |
| total number in family | | | | | | | | | | | | | | | | yes 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  $ | | | |  | | week | | | | OTHER income, gross (include  joint applicant, if any)  $ | | | | | | |  | | week | | | | Source of OTHER income | | | | | | |
| month | | | | month | | | |
| year | | | | year | | | |
| **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** | | | | | Individual Group Telephone | | | | | | | | | | | | | **18. SBA Use Only** | | | | | | | | | | | |
| **16. APPLICATION GIVEN?** | | | | | Yes on (date) \_\_\_\_\_\_\_\_\_ No, provide comments | | | | | | | | | | | | |  | |  | | | | | | | | |  |
| **17. COMMENTS** | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |  | | Recommending Official (sign & print name) | | | | | | | | |  |
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|  | | | | | | | | | | | | | | | | | | Concurring Official (sign & print name) | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | Form 1363 given on date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **19. INTERVIEWER** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| signature | | | | | | | printed name | | | | | | | | | | | title | | | | | | | date | | | | |
|  | | | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | |
| location | | | | | | | | | | | | | | | | | | declaration number | | | | | | | | | | | |

SBA Form 700 Home (03-15) Ref. SOP 50-30 **Previous Editions Obsolete**