



# 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

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