**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** | | | | | | | |
| Sole proprietorship Partnership Corporation 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** | | | | | | | |
| in individual in-person interview in group in-person interview by telephone interview by mail | | | | | | | |
| **13. APPLICATION ISSUED** | | | | | | | |
| Type: physical EIDL | | | | | | | |
| Method: in-person on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by mail on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **14. COMMENTS** | | | | | | | |
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| **15. INTERVIEWER** | | | | | | | |
| signature | printed name | | | | title | | date |
|  |  | | | |  | |  |
| location | | | | | declaration number | | |

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