



DISASTER HOME LOAN INQUIRY RECORD

PLEASE NOTE: You are not required to respond to any request for information unless it displays a currently valid OMB Approval number. The estimated time to respond to this form, including gathering the data is 15 minutes. You may send comments or questions regarding this time or other aspect of this form to: Director, Records management Division, 409 Third Street, S.W., Washington D. C. 20416, and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington DC 20503.

PURPOSE: Your responses to the questions on this form will help SBA's Office of Disaster Assistance to make a preliminary determination regarding your eligibility for an SBA disaster loan. SBA may also report the information to the Federal Emergency Management Agency (FEMA) to facilitate your receiving assistance from that agency. The information requested includes your social security number. At this preliminary stage, providing your social security number is voluntary; however, Executive Order 9397, as amended, allows SBA to collect the number to help distinguish you from others with the same or similar name who may have also applied for assistance from SBA and/or FEMA. SBA will protect your personal information to the extent permitted by law, including the Privacy Act and the Freedom of Information Act, and SBA's Privacy Act System of Records, SBA 20-Disaster Loan Case Files.

OMB No. 3245-0084
Expiration Date: xx/xx/xxxx

1. NAME OF PROSPECTIVE APPLICANT (if Inquirer is not applicant, state Inquirer's relationship to "A" in comments section.)			2a. PHONE - HOME:	
last	first	mi	2b. PHONE - CELL:	
3. PROSPECTIVE APPLICANT SSN: _____ DOB: _____		4. FEMA REGISTRATION NUMBER:		
5. MAILING ADDRESS number _____ street _____ city _____		EMAIL ADDRESS :		
		county _____	state _____	zip _____
6. DAMAGED PROPERTY ADDRESS (If different from mailing address)				
number _____	street _____	city _____	county _____	state _____ zip _____
7. MARITAL STATUS: <input type="checkbox"/> married <input type="checkbox"/> unmarried (single, divorced or widowed)		8. JOINT APPLICANTS NAME: Joint Applicant SSN: _____ Joint applicant DOB: _____		
9. HOUSEHOLD SIZE:		10. INSURANCE COVERAGE FOR THIS LOSS? <input type="checkbox"/> yes <input type="checkbox"/> no		
11. INCOME (NOTE: Alimony, child support or separate maintenance payments need not be disclosed if not a basis for repayment for this loan request)				
Applicant total annual income: \$ _____		Joint Applicant total annual income: \$ _____		
12. DEBTS --- OTHER OBLIGATIONS: Include alimony, child support, real estate taxes and insurance, etc.				
Name and address of creditors		monthly pmt	Name and address of creditors	
Mortgage or Rent		\$ _____		
		\$ _____		
		\$ _____		
		\$ _____		
		\$ _____	Total	
			\$ _____	
13. PAPER APPLICATION ISSUED? <input type="checkbox"/> Yes on (date) _____ <input type="checkbox"/> No, provide comments _____ Form 1363 given on: _____				
14. COMMENTS				
15. INTERVIEWER				
signature _____		printed name _____		title _____
				date _____
location _____			declaration number _____	