



# DISASTER BUSINESS 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

<b>1. NAME OF PROSPECTIVE APPLICANT</b>			
legal name			
trade name		<b>2. E-Mail Address:</b>	
<b>3. SSN/EIN OF PROSPECTIVE APPLICANT:</b>		<b>4. FEMA REGISTRATION NUMBER:</b>	
<b>5. MAILING ADDRESS</b>			
number	street	city	state zip
<b>6. BUSINESS LOCATION, if different</b>			
number	street	city	state zip
<b>7. TELEPHONE at place of business</b>		<b>8. TELEPHONE OF ALTERNATIVE CONTACT</b>	
area code	number	name	area code number
<b>9. TYPE OF BUSINESS ACTIVITY</b>			
<b>10. TYPE OF ORGANIZATION</b>			
<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____			
<b>11. INQUIRER</b>			
Name			
If not applicant, relationship to applicant			
Mailing address, if different from applicant's			
Telephone number, if different from applicant's			
<b>12. PAPER APPLICATION ISSUED ON:</b> _____			
(Date)			
Type: <input type="checkbox"/> physical <input type="checkbox"/> EIDL			
<b>13. COMMENTS</b>			
<b>14. INTERVIEWER</b>			
signature	printed name	title	date
location		declaration number	