



**U.S. SMALL BUSINESS ADMINISTRATION**

**ECONOMIC INJURY DISASTER LOAN (EIDL)**

**SUPPORTING INFORMATION**

OMB CONTROL NUMBER: 3245-xxxx  
Expiration Date: XXXX

The information requested below is to be submitted in support of the application for an EIDL loan. This request replaces the need to submit a tax return.

The estimated time for you to complete this form, including time to gather information, is 1 hour. Unless the form displays a current OMB Control number, you are not required to respond. If you have comments about this request for information, including the estimated time, submit them to Director, Records Management Division, Small Business Administration, 409 Third Street, SW, Washington, DC 20416 and/or Desk Officer for SBA, Office of Management and Budget, Office of Information and Regulatory Affairs, New Executive Office Building, Washington, DC 20503.

**Answer the following questions:**

1. Gross Revenues for the twelve (12) month period prior to the disaster:
2. Cost of Goods Sold for the twelve (12) month period prior to the disaster:
3. Rental properties (residential and commercial) only—lost rents due to the disaster:
4. Non-Profit cost of operation for the twelve (12) month period prior to the disaster:
5. Compensation from other sources received as a result of the disaster (provide amount and a brief description below):

**I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES THAT THE FOREGOING IS TRUE AND CORRECT.**

Signature:

Date:

Name:

Title: