

ESTIMATED DISASTER ECONOMIC INJURY WORKSHEET FOR BUSINESSES

OMB Control Number 3245-0121

Expiration Date XX/XX/XXXX

The Governor of a state or territory is required to submit the information on this form to the U.S. Small Business Administration when requesting an Economic Injury Disaster Loan Declaration. The information is to be provided by businesses located in the disaster area to support the Governor's request. Use of this form is not required; the information in any other format would also be acceptable. For your convenience, this form may be filled out electronically or manually.

PLEASE NOTE: You are not required to respond to this request for information unless it displays a currently valid OMB Control Number. The estimated average burden hours for responding to this request 2 hours. If you have questions or comments concerning the burden estimate or any other aspect of this request for information, please contact: Director, Records Management Division, Small Business Administration, 409 Third Street, SW, Washington, D.C. 20416, and SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503.

Name of Business: _____ **Type of Business:** _____

Owner Details

Last Name: _____ First Name: _____
Work Phone: _____ Email: _____
Home Phone: _____ Property Owner: _____

Business Owner Mailing Address

Address: _____
City: _____ State: _____ Zip Code: _____ County: _____

Business Street Address

Address: _____ Same as Above
City: _____ State: _____ Zip Code: _____ County: _____

Estimated Adverse Economic Impact

When did the impact start and what is the estimated end date? From: To:
What were your businesses' revenues during the affected damage period? _____
What were your businesses' revenues during that **SAME** period of the prior year? _____
Amount of business interruption insurance received or anticipated, if any: _____

Please provide a brief explanation of what adverse economic effects the disaster had on your business:
How many people did you employ prior to disaster? _____ How many did you employ after disaster: _____

Physical Damage to Business Property

If your business also suffered property damage, please answer the following questions:
Estimated dollar loss to: Real Property (Building), if owned: _____
Contents *: _____
Insurance recovery expected or received for property damages: _____
Form Completed By: _____ Title: _____

*includes machinery and equipment, furniture and fixtures, inventory, leasehold improvements, etc.

Date Form Completed: