

PLEASE NOTE: ATTACHED ELA SCREEN SHOTS WILL BE UPDATED TO REFLECT RECENT FORMS CHANGES ONCE APPROVED FOR USE.

- Page 1, Applicant Information section, questions regarding Veteran Status, Gender, Race, and Ethnicity.
- Page 2, Disclosures section, question regarding whether the applicant has filed for bankruptcy in the past two years.
- Page 3, Statement regarding the potential availability of funds for disaster mitigation and check box for Applicants to check if they do not want to be contacted regarding mitigation.
- Page 4, Filing Requirements section, change the form to be completed by applicant to authorize release of tax records from Form 4506T to Form 4506C.

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Disaster Loan Assistance

Federal Disaster Loans for Businesses, Private Nonprofits, Homeowners, and Renters

Application Number: 400001254



Application Information

Primary Applicant Information

INFORMATION ABOUT THE APPLICANT		CONTACT INFORMATION	
Copy User Registration Information			
* First Name	<input type="text"/>	* Preferred Contact Method	<input type="text" value="Select an Option"/>
Middle Name	<input type="text"/>	Email Address	<input type="text"/>
* Last Name	<input type="text"/>	Cell Phone	<input type="text" value="____-____-____"/>
Suffix	<input type="text" value="Select an Option"/>	Home Phone	<input type="text" value="____-____-____"/>
* Date of Birth	<input type="text"/>	Work Phone	<input type="text" value="____-____-____"/>
* Social Security Number	<input type="text"/>	Closest Relative Not Living with You:	
* Marital Status	<input type="radio"/> Married <input type="radio"/> Not Married	Name	<input type="text"/>
* Are you a U.S. Citizen?	<input type="radio"/> Yes <input type="radio"/> No	Phone	<input type="text" value="____-____-____"/>
* Are you an SBA Employee?	<input type="radio"/> Yes <input type="radio"/> No		
* Household Size	<input type="text"/>		
MAILING ADDRESS			
* Address	<input type="text"/>		
* Zip	<input type="text"/>	* City	<input type="text" value="Select an Option"/>
		* State	<input type="text"/>
		County	<input type="text" value="Select an Option"/>
INCOME INFORMATION			
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired		Employer Name <input type="text"/>	
Employer Phone Number	<input type="text" value="____-____-____"/>		
* Total Annual Income (before deductions)	<input type="text"/>		
Note: Include all recurring income from all sources such as employment, self-employment, part-time work, social security, retirement income, disability income, interest income, child support, alimony, etc. Do not include one-time or non-recurring income.			

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Damaged Properties

Damaged Property Information

DAMAGED PROPERTY ADDRESS

Same as primary applicant mailing address

* Address

* Zip * City * State * County

* Type of Damage: Real Estate Personal Property Automobile

DAMAGED PROPERTY INFORMATION

* Do you own or rent this property?
 Own
 Rent

* Is this property your Primary Residence?
 Yes
 No

If No, please select from the list below
 Vacation/secondary home
 I own the property but a family member/friend lives in the property
 Rental/Business Property

INSURANCE INFORMATION

Homeowner's Flood Automobile Renter's No Insurance Other (describe)

* Policy Type	* Insurance Company Name	Policy Number	Phone Number	Amount Received
Add Insurance				

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Application Number: 4000001254



Application Information



Damaged Properties



Debts & Assets



Disclosures



Consent



Additional Comments

Debts & Assets

DEBTS

I have no debts

Mortgage Holder or Landlord's Name (Primary Residence)

Name

Monthly Payment/Rent

Current Balance

2nd Mortgage Holder Name (if applicable)

Name

Monthly Payment/Rent

Current Balance

Note: Please complete the section below if the amounts are NOT included in your mortgage payment:

Real Estate Taxes (per year)

Homeowner's Insurance (per year)

Condo/Townhome/HOA/Co-Op Fees (per year)

Other Debt including auto payments, credit cards, installment loans, student loans, etc.

Note: Only include debts that will last longer than 10 months.

*Name of Creditor

*Monthly Payment

Current Balance

Add Debt

ASSETS

Pre-disaster values:

*Cash, Bank Accounts and Marketable Securities (e.g. Stocks & Bonds, CDs, etc.) (Not including retirement accounts)

Cash, Bank Accounts and

*Retirement Accounts (e.g. IRAs, Keogh, TSP or other similar accounts)

Retirement Accounts

*Personal Property (furniture, appliances, vehicles, RVs, etc.)

Personal Property

*Primary Residence

Primary Residence

All Other Real Estate (describe)

Other Real Estate Amount

OTHER DISASTER ASSISTANCE

FEMA Registration Number

*Other than FEMA, have you received any grant award (i.e. city grants, county grants, state grants, etc.):

Yes

No

State Amount

Other Amount

Describe

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Disclosures

DISCLOSURES

The responses below apply to the Applicant and Joint Applicant, if any. Please explain any "Yes" responses.

- Are you delinquent on any Federal taxes, Federal loans, Federal grants, or 90 days past due on any child support obligation?
- Are you currently a defendant in any lawsuits or have pending judgements against you?
- Are you currently suspended or debarred from contracting with Federal government or receiving Federal grants or loans?
- Do you have federal loans, federally guaranteed loans, or previous SBA loans?
- Are you engaged in the production or distribution of any product that has been determined to be obscene by a court of competent jurisdiction?
- In the past year, have you been convicted of a felony committed in connection with a riot or civil disorder?
- Are you presently, a) subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction; b) have you been arrested in the past six months for any criminal offense; c) for any criminal offense other than a minor vehicle violation -- have you ever: 1) been convicted, 2) plead guilty, 3) plead no lo contendere, 4) been placed on pretrial diversion, or 5) been placed on any form of parole or probation (including probation before judgement)?

REPRESENTATIVE INFORMATION

If you have paid a representative (packager, attorney, accountant, etc.) to assist you in completing the application, please complete the section below.

Representative Name Street Address City State Zip Fee charged or agreed upon

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Consent

CONSENT

I authorize my insurance company, bank, financial institution, or other creditors to release to SBA all records and financial information necessary to process this application.

SBA has my permission, as required by the Privacy Act, to release any information collected in connection with this application to Federal, state, local, tribal or nonprofit organizations (e.g. Red Cross, Salvation Army, Mennonite Disaster Services, SBA Resource Partners) for the purpose of assisting me with my SBA application, evaluating my eligibility for additional disaster assistance, or notifying me of the availability of such assistance.

If my loan is approved, I may be eligible for additional funds to safeguard my property from damages similar to those caused by this disaster. Although it is not necessary for me to provide with my application, a description and cost estimate will be required prior to SBA approval of the mitigation measure.

I have received and read a copy of the "STATEMENTS REQUIRED BY LAWS AND EXECUTIVE ORDERS" which was attached to this application.

CERTIFICATION AS TO TRUTHFUL INFORMATION: By signing this application, you certify that all information in your application and submitted with your application is true and correct to the best of your knowledge, and that you will submit truthful information in the future.

WARNING: Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal amount of the loan under 15 U.S.C. 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines and imprisonment, or both, under 15 U.S.C. 645, 18 U.S.C. 1001, 18 U.S.C. 1014, 18 U.S.C. 1040, 18 U.S.C. 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.

All the information on this application and any documents provided is true to the best of my knowledge and you may rely on it to provide disaster loan assistance. All damages claimed are a direct result of the declared disaster. I understand that I could lose my benefits and could be prosecuted by the U.S. Attorney for making false statements. Reference 18 U.S.C. 1001 and / or 15 U.S.C. 645.

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Additional Comments

Additional Comments

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