

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
**APPLICATION FOR LOAN CANCELLATION**

OMB Control Number: 1660-0083  
Expiration: 8/31/2023

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, and Paperwork Reduction Project (1660-0082). **Note: Do not send your completed form to this address.**

1. Entity name, authorized representative, mailing address, phone, contact e-mail	<b>FOR FEDERAL GOVERNMENT USE ONLY</b>
	Loan Number
	CDL _____ - _____
	Disaster Declaration Date
2. Total Approved Loan Amount	3. Date Promissory Note Executed
	4. Term of Loan
	5. Interest Rate

**SUMMARY OF CANCELLATION INFORMATION**

	Fiscal Year Preceding Disaster	Fiscal Year of Disaster	Disaster FY+1	Disaster FY+2	Disaster FY+3	TOTAL Post Disaster
6. Fiscal Year End Date						
7. Total Operating Revenues						
8. Operating Expenses (less UDRE if used)						
9. Un-reimbursed Disaster Related Expenses						
10. Total Operating Expenses [8 + 9]						
11. Net Operating Surplus or (Deficit) [7 - 10]						
12. Total CDL Funds Drawn						
13. Cancellation Request (Total of line 11 deficit, up to amount of CDL, line 12)						

Based on the information contained in the Application for the Community Disaster Loan, the Promissory Note executed \_\_\_\_\_ 20 \_\_\_\_\_ and the information furnished above apply for loan cancellation in the amount of \$ \_\_\_\_\_ in connection with the loan already made as a result of the loss caused by a major disaster declaration on \_\_\_\_\_

Signature of Applicant	Date
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**FORWARDED**

Name and Title of Approval Official (Governor's Authorized Representative)	Signature	Date
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**FOR FEMA USE ONLY**

RECOMMENDATION:       APPROVAL                       DISAPPROVAL

Name and Title of Approval Official (Regional Director)	Signature	Date
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Principal cancellation in the amount of \$ \_\_\_\_\_ Plus Related Interest is Hereby

APPROVED                       DISAPPROVED

Name and Title of Approval Official	Signature	Date
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