

Apply for a SBA Disaster Loan as a Homeowner or Renter

OMB No. 3245-0018
Expiration Date: 00/00/00

Use this form to apply for a low-interest, long-term loan from the SBA for physical damage caused by a declared disaster.

Information to prepare

In order to fill out this application completely, it may be helpful to collect the following items:

- Your most recent federal tax return
- Information about the insurance policies on your home, and personal details for yourself and any Joint Borrower that you want to include in this application
- You will also need what is called a disaster number, which helps the government identify the exact occurrence. You can find this at sba.gov/disaster

Disaster declaration

<p>1 Which disaster event affected you?</p> <p>To qualify for a disaster loan from SBA, your home needs to be affected by a federally-declared disaster. These disasters have a five-digit Disaster Number following the state abbreviation.</p> <p>This number can be found at sba.gov/disaster or at a Disaster Recovery Center.</p>	<p>DISASTER NUMBER e.g. TX - 01234</p> <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
<p>2 Have you applied for help from the Federal Emergency Management Agency (FEMA)?</p> <p>Please note that this is not always available. Please confirm with your local Disaster Recovery Center or online at sba.gov/disaster</p>	<p><input type="checkbox"/> Yes, I have applied for help from FEMA</p> <p><input type="checkbox"/> No, I have not applied for help from FEMA</p>										
<p>2a If yes, what is your FEMA registration number?</p> <p>This is a 9-digit number</p>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										

Where it's located

3 What is the address for the home impacted by this disaster?

Provide the address for the home that was damaged by the disaster event

ADDRESS LINE 1

ADDRESS LINE 2 (Optional)

CITY

STATE

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ZIP CODE

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About your home

4 Do you own or rent this property?

- I am a renter at this property
- I own this property individually
- I own this property jointly
- This property is held by a trust

4a If held by a trust, provide the name of the trust

Include additional contact information, if applicable

LEGAL NAME OF TRUST

NAME OF TRUSTEE

EMAIL ADDRESS



About your home, continued

5 Is this your primary residence?

This means you live there for most of the year and it is the address for your tax return

- Yes, this is my primary home
- No, this is not my primary home

5a If no, select from the following options

If this is not a primary residence for you, a friend, or a family member, you may need to apply as a business

- This is a vacation / secondary home
- I own the property but a family member or friend lives at the property
- This is a rental / business property

What was damaged

6 What items were damaged or destroyed?

Select all that apply

If you are the owner of this home, select all that apply:

- The structure of my home
- My furniture and personal possessions
- My car, boat, motorcycle or other personal vehicle

If you are a renter of this home, select all that apply:

- The structure of my home (only for 'lease to own' renters)
- My furniture and personal possessions
- My car, boat, motorcycle or other personal vehicle



Insurance coverage

7 If you have Homeowner's or Renter's Insurance, provide the following information

If not, leave blank.

If you have received money from your insurance already, please make note of the amount in the last box. If you have not but expect to, be aware that we will need to know that number later in the process.

NAME OF HOMEOWNER'S OR RENTER'S INSURANCE COMPANY

INSURANCE POLICY NUMBER

CURRENT AMOUNT RECEIVED FROM INSURANCE COMPANY, IF ANY

8 If you have Flood Insurance, provide the following information

If not, leave blank.

If you have received money from your insurance already, please make note of the amount in the last box.

NAME OF FLOOD INSURANCE COMPANY

INSURANCE POLICY NUMBER

CURRENT AMOUNT RECEIVED FROM INSURANCE COMPANY, IF ANY

9 If you have Car Insurance, provide the following information

If not, leave blank.

If you have received money from your insurance already, please make note of the amount in the last box.

NAME OF CAR INSURANCE COMPANY

INSURANCE POLICY NUMBER

CURRENT AMOUNT RECEIVED FROM INSURANCE COMPANY, IF ANY



Insurance coverage, continued

10 If you have Windstorm Insurance, provide the following information

If not, leave blank.

If you have received money from your insurance already, please make note of the amount in the last box.

NAME OF WINDSTORM INSURANCE COMPANY

INSURANCE POLICY NUMBER

CURRENT AMOUNT RECEIVED FROM INSURANCE COMPANY, IF ANY

11 If you have separate Fire Insurance, provide the following information

If not, leave blank.

If you have received money from your insurance already, please make note of the amount in the last box.

NAME OF FIRE INSURANCE COMPANY

INSURANCE POLICY NUMBER

CURRENT AMOUNT RECEIVED FROM INSURANCE COMPANY, IF ANY



About you - Primary Applicant

12 What is your legal name?
Provide the full name of the primary person applying for this loan

FIRST NAME

MIDDLE NAME *(Optional)*

LAST NAME

13 What is your date of birth?
Provide the month, day, and year

MONTH

DAY

YEAR

14 What is your Social Security Number?
Provide your 9-digit SSN or ITIN

 - -

15 Are you married?
Provide your current marital status, which helps us to confirm your information with the IRS.

- Yes, I am married
 No, I am not married

16 Are you a United States citizen?
If your answer is "No," we may contact you to learn more about your citizenship status. You may need to provide a copy of specific documents like a green card or proof of permanent residency.

- Yes, I am a United States citizen
 No, I am not a United States citizen

16a If no, please provide a registration number.

This is the "alien registration number" provided by US Citizenship and Immigration.

- I do not have a registration number



How to contact you - Primary Applicant

17 What is your email address?

This is the primary method that we will use to contact you about your application, and will be used for logging in to our online portal.

This email may also be used to send you closing documents for signing on your loan

I do not have an email address

18 What is your primary phone number?

We will use this number to contact you for questions and updates about your application

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I want to receive updates about my loan via text message
(optional, messaging rates may apply)

18a Do you have an additional phone number we should use?

We will use this number if we cannot reach your primary phone number

			-				-				
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19 What is the best address for you to receive mail? (optional)

We understand that you may need to move as part of the process of recovery, and we will be sending all of our notifications through our online portal, email, or phone to reach you as quickly as possible

If you have an additional address where you would like to receive letters about your loan, you can provide that here

ADDRESS LINE 1

ADDRESS LINE 2 *(Optional)*

CITY

STATE

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ZIP CODE

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Job and finances - Primary Applicant

20 When the disaster occurred, did you have an income?

- Yes, I had a job that provided me income.
- Yes, I was retired and received retirement benefits.
- No, I was not working or receiving income before the disaster event.

21 Before the disaster happened, how much money did you make each year?

If you file taxes jointly with another person, you can provide your joint income instead.

Include all reoccurring income such as employment, self-employment, part-time work, social security, retirement income, disability income, child support, alimony, etc.

Do not include one-time or non-recurring income.

For help in providing this number, you can check your paystubs, W-2, or 1099.

ANNUAL INCOME - SINGLE INDIVIDUAL

\$

or

ANNUAL INCOME - HOUSEHOLD / FILING JOINTLY

\$

22 How many people rely on your income?

This is usually the number of children and adults listed as dependents on your tax return.

If you file taxes jointly with another person, you can provide your joint number of dependents.

NUMBER OF DEPENDENTS - SINGLE INDIVIDUAL

or

NUMBER OF DEPENDENTS - HOUSEHOLD / FILING JOINTLY



Demographic information - Primary Applicant

<p>23a Are you a veteran, or the spouse of a veteran?</p> <p>Optional, Select all that apply</p>	<p><input type="checkbox"/> I am a veteran</p> <p><input type="checkbox"/> I am a service-disabled veteran</p> <p><input type="checkbox"/> I am the spouse of a veteran</p> <p><input type="checkbox"/> I am not a veteran</p> <p><input type="checkbox"/> Prefer not to answer</p>
<p>23b With which gender do you identify?</p> <p>Optional</p>	<p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Prefer not to answer</p>
<p>23c What is your ethnicity?</p> <p>Optional</p>	<p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> Prefer not to answer</p>
<p>23d What is your race?</p> <p>Optional, Select all that apply</p>	<p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Prefer not to answer</p>

Note

Veteran, gender, race, and ethnicity data is collected for program reporting only. Disclosure is voluntary and has no bearing on the loan decision.



Joint Applicant

24 Do you want to include a joint applicant for this loan?

A Joint Applicant can be your spouse or another person who will repay the loan with you

- Yes, I want to include a joint applicant *FILL OUT QUESTIONS 24A - 24S*
- No, I do not want to include a joint applicant *SKIP TO QUESTION 25*

About you - Joint Applicant

24a What is your legal name?

Provide the full name of the joint applicant for this loan

FIRST NAME

MIDDLE NAME *(Optional)*

LAST NAME

24b What is your date of birth?

Provide the month, day, and year

MONTH

DAY

YEAR

24c What is your Social Security Number?

Provide your 9-digit SSN or ITIN

 - -

24d Are you married?

Provide your current marital status

- Yes, I am married
- No, I am not married

24e Are you a United States citizen?

If your answer is "No," we may contact you to learn more about your citizenship status. You may need to provide a copy of specific documents like a green card or proof of permanent residency.

- Yes, I am a United States citizen
- No, I am not a United States citizen



How to reach you - Joint Applicant

24f What is your email address?

This is the primary method that we will use to contact you about your application, and will be used for logging in to our online portal.

This email may also be used to send you closing documents for signing on your loan

I do not have an email address

24g What is your primary phone number?

We will use this number to contact you for questions and updates about your application

 - -

I want to receive updates about my loan via text message
(optional, messaging rates may apply)

24h Do you have an additional phone number we should use?

We will use this number if we cannot reach your primary phone number

 - -

24i What is the best address for you to receive mail? (optional)

We understand that you may need to move as part of the process of recovery, and we will be sending all of our notifications through our online portal, email, or phone to reach you as quickly as possible.

If you have an additional address where you would like to receive letters about your loan, you can provide that here.

If you use the same mailing address as the primary applicant, check the box above

Use the same mailing address as the primary applicant

or

ADDRESS LINE 1

ADDRESS LINE 2 (Optional)

CITY

STATE

ZIP CODE



Job and finances - Joint Applicant

24j When the disaster occurred, did you have an income?

- Yes, I had a job that provided me income.
- Yes, I was retired and received retirement benefits.
- No, I was not working or receiving income before the disaster event.

24k Before the disaster happened, how much money did you make each year?

If you file taxes jointly with another person, you can provide your joint income instead. If that person is the primary applicant, please check the button that indicates this.

Include all reoccurring income such as employment, self-employment, part-time work, social security, retirement income, disability income, child support, alimony, etc.

Do not include one-time or non-recurring income.

For help in providing this number, you can check your paystubs, W-2, or 1099.

ANNUAL INCOME - SINGLE INDIVIDUAL

or

ANNUAL INCOME - HOUSEHOLD / FILING JOINTLY

- I file taxes jointly with the Primary Applicant

24l How many people rely on your income?

This is usually the number of children and adults listed as dependents on your tax return.

If you file taxes jointly with another person, you can provide your joint number of dependents.

If your dependents are shared with the joint applicant and represented there, please check the button that indicates this rather than providing a number so they are not double counted.

NUMBER OF DEPENDENTS - SINGLE INDIVIDUAL

or

NUMBER OF DEPENDENTS - HOUSEHOLD / FILING JOINTLY

- My dependents are reflected in the Primary Applicant's answer above.



Demographic information - Joint Applicant

24m Are you a veteran, or the spouse of a veteran?

Optional, Select all that apply

- I am a veteran
- I am a service-disabled veteran
- I am the spouse of a veteran
- I am not a veteran
- Prefer not to answer

24n With which gender do you identify?

Optional

- Male
- Female
- Other
- Prefer not to answer

24o What is your ethnicity?

Optional

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer not to answer

24p What is your race?

Optional, Select all that apply

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Prefer not to answer

Note

Veteran, gender, race, and ethnicity data is collected for program reporting only. Disclosure is voluntary and has no bearing on the loan decision.



Assets - All Applicants

25 What value did you have in the following assets before the disaster event occurred?

Include combined assets from all applicants applying for this loan

25a **Cash, bank accounts, and marketable securities**
Includes stocks, bonds, and certificates of deposit. Do not include retirement accounts

25b **Retirement accounts**
This can include IRAs, Keogh, TSP and similar accounts for retirement savings

25c **Personal property**
The pre-disaster value of assets like furniture, appliances, vehicles, boats, and RVs

25d **Primary residence**
The pre-disaster value of your primary home

25e **All other real estate**
If you have additional real estate to include as assets, provide its value and a description



Debts and obligations - All Applicants

26 Primary residence

The monthly payment for the mortgage or rent on your primary home at the time that the disaster event occurred

MORTGAGE HOLDER OR LANDLORD'S NAME

MONTHLY PAYMENT / RENT

\$

CURRENT BALANCE

\$

26a Additional mortgage

If you have a second mortgage, provide that information here. If you need more space for additional mortgages, add additional sheets

ADDITIONAL MORTGAGE HOLDER NAME

MONTHLY PAYMENT

\$

CURRENT BALANCE

\$

26b Insurance not included in monthly payment

Provide these amounts only if they are **not** already included in your monthly rent or mortgage payment

REAL ESTATE TAXES

\$

per year

HOMEOWNER'S INSURANCE

\$

per year

CONDO / TOWNHOME / HOA / CO-OP FEES

\$

per year

27 Other debt

Include any fixed debts that you pay monthly, such as child support, student loans, and credit extensions within the last 90 days.

Do not include any medical debt, or any debts that will last less than 10 months.

NAME OF CREDITOR

MONTHLY PAYMENT

\$

CURRENT BALANCE

\$

NAME OF CREDITOR

MONTHLY PAYMENT

\$

CURRENT BALANCE

\$



Debts and obligations, continued - All Applicants

If you need more space, attach additional sheets

NAME OF CREDITOR

MONTHLY PAYMENT

CURRENT BALANCE

NAME OF CREDITOR

MONTHLY PAYMENT

CURRENT BALANCE

NAME OF CREDITOR

MONTHLY PAYMENT

CURRENT BALANCE

NAME OF CREDITOR

MONTHLY PAYMENT

CURRENT BALANCE

NAME OF CREDITOR

MONTHLY PAYMENT

CURRENT BALANCE



Criminal background and delinquencies - All applicants

<p>28 Is the following true for you or your joint applicant?</p>	
<p>28a Filed bankruptcy in the past 2 years</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>28b Have outstanding judgments, tax liens, or pending lawsuits against them</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>28c Presently incarcerated, or on probation or parole following conviction for a serious criminal offense</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>28d In the past year, been convicted of a felony committed during and in connection with a riot or civil disorder or other declared disaster</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>28e Ever been engaged in the production or distribution of a product or service that has been determined obscene by a court of competent jurisdiction</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>28f Currently more than 60 days late on paying any child support obligations</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>28g Currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

If you answered "Yes" to any of the questions above, use this space to provide dates and details about each occurrence. If you need more space, attach additional sheets.



Paid Agent Information

29 Did you pay anyone to support you in completing this application?

This could be an accountant, packager, or attorney that worked for a fee.

If yes, provide their name, company, and any fee charged or agreed upon for their services

AGENT FULL NAME

AGENT COMPANY *(If applicable)*

ADDRESS LINE 1

ADDRESS LINE 2 *(Optional)*

CITY

STATE

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ZIP CODE

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FEE FOR SERVICES

\$	
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E-SIGN Disclosure and Consent

30 Do you consent to using electronic signatures and electronic communications?

While you are currently filling out a paper form, there may come a time or opportunity where you would like to receive or sign documents electronically. By checking this consent box, you give us permission to communicate with you electronically (including billing notifications). In addition, this consent gives us permission to use your electronic signature for any future documents.

Please read the following information carefully. By checking "I Agree", you are agreeing that you have reviewed this information and consent to conduct business with the U.S. Small Business Administration using Electronic Communications and using an electronic signature instead of a written signature. Communications provided to you in electronic format will be considered to be "in writing" in accordance with the Electronic Signatures in Global and National Commerce Act.

In this document: "SBA" means the U.S. Small Business Administration; "You" and "your" means the signatory authorized to enter this agreement; "Communication" or "Electronic Communication" means each disclosure, contract, agreement, statement, record, document, invoice, or other information that SBA provides to you or that you submit to SBA that may be required by law; and, "Loan" or "transaction" means the SBA Disaster Loan to which you are applying.

Consent to Use Electronic Signatures: You consent to using electronic signatures for all documents, contracts, agreements, or disclosures related to this loan. You agree that your use of any device, means, or action to provide your electronic signature constitutes your acceptance and agreement to the terms and conditions of each document as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your electronic signature, and that the lack of such certification or third party verification will not in any way affect the enforceability of your electronic signature. You are confirming that you are the party authorized to enter into this agreement. You further agree that each use of your electronic signature constitutes your agreement to be bound by the terms and conditions of each document.

Consent to Electronic Communications: You consent to use and receipt of Communications in electronic format. This consent covers all Communications related to this transaction. Your consent remains in effect unless and until it is withdrawn. Note that SBA may nevertheless provide you with some Communications in written, signed, or nonelectronic form.

Withdrawing Consent: You may withdraw your consent to Electronic Communications at any time by opting out in the Loan Application Portal or by sending your request in writing to DisasterCustomerService@sba.gov.

This withdrawal will become effective within a reasonable period of time to process your withdrawal. Withdrawal does not apply to any Electronic Communications provided or made available to you prior to the effectiveness of the withdrawal.

There are no conditions, consequences, or fees associated with withdrawing your consent.

Your Right to Receive Paper Copies: You may print a paper copy of any Electronic Communication, or request a copy by contacting the SBA Disaster Customer Service Center at DisasterCustomerService@sba.gov or 1-800-659-2955. There is no fee for requesting a paper copy of an Electronic Communication.

Hardware and Software Requirements: To access, view, and retain Electronic Communications, you must have:

- A connection to the Internet;
- A supported Internet Browser;
- Software that is capable of receiving, accessing, and displaying Electronic Communications from SBA, whether presented online, in email, or in PDF form;
- A printer, hard drive, or other storage device if you wish to print or download and save Electronic Communications; and,
- A device and operating system that supports the above.

Changes to Hardware and Software Requirements: If SBA's hardware and/or software requirements change, and that change would create a material risk that you would not be able to access or retain your Electronic Communications, SBA will give you notice of the revised hardware or software requirements, including a reminder of your right to withdraw consent to Electronic Communications.

You Must Keep Your Contact Information Current: You are responsible for maintaining current contact information, such as email addresses and cell phone number, with SBA to continue receiving Electronic Communications. You may update your contact information by contacting the SBA Disaster Customer Service Center at DisasterCustomerService@sba.gov or 1-800-659-2955.

-
- Yes, I consent to electronic signatures and electronic communications
- No, I do not consent to electronic signatures and electronic communications

Consent and signatures

31 Do you agree to the following terms?

If you agree, sign below with your signature and today's date.
If you have a co-applicant, they are required to sign and date as well.

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

If my/our loan is approved, additional information may be required prior to loan closing. I/We will be advised in writing what information will be required to obtain my/our loan funds.

I/We hereby authorize the SBA to verify my/our past and present employment information and salary history as needed to process and service a disaster loan.

I/We authorize SBA, 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/our SBA application, evaluating eligibility for additional assistance, or notifying me of the availability of such assistance.

I/We will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any program or activity for which I/we receive Federal financial assistance from SBA, any person on grounds of age, color, handicap, marital status, national origin, race, religion, or sex.

I/We will report to the SBA Office of the Inspector General, Washington, DC 20416, any Federal employee who offers, in return for compensation of any kind, to help get this loan approved. I/We have not paid anyone connected with the Federal government for help in getting this loan.

If my loan is approved, I may be eligible for mitigation - additional funds up to 20 percent of the total SBA verified physical losses - to safeguard my property from future damages. I am not obligated to accept these additional funds. If I do accept these additional funds for mitigation, I agree to only use them for mitigation purposes as specified in my loan agreement.

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).

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.

SIGNATURE OF PRIMARY APPLICANT OR DESIGNATED TRUSTEE

MONTH

DAY

YEAR

SIGNATURE OF JOINT APPLICANT

MONTH

DAY

YEAR



Additional information about this form

This form is for use by individual homeowners or renters to apply for an SBA physical disaster loan as applicable. The requested information is required to obtain a benefit under our SBA Disaster Home Loan Program and helps the Agency determine whether the applicant is eligible for a disaster loan and has repayment ability.

If you have questions about this application and how to submit it or problems providing the required information, please contact our Customer Service Center at 1-800-659-2955 or disastercustomerservice@sba.gov. If more space is needed for any section of this application, please attach additional sheets.

You may submit the form:

- Online on SBA's secure website www.sba.gov
- In-person at a disaster recovery center
- By mail: U.S. Small Business Administration, Processing and Disbursement
14925 Kingsport Rd. Ft. Worth, TX 76155-2243

SBA will contact you by phone or email to discuss your loan request.

Filing requirements

Required for all loan applications:

- Complete and sign this application form (SBA Form 5C)
- Complete and sign the Tax Information Authorization (IRS Form 4506C) enclosed with this application. This income information, obtained from the IRS, will help us determine your repayment ability

While not necessary to accept your application, you may be required to supply the following information to process the application. If requested, please provide within 7 days of the information request:

- If any applicant has changed employment within the past two years, provide a copy of a current (within 1 month of the application date) pay stub for all applicants
- If we need additional income information, you may be asked to provide copies of your Federal income tax returns, including all schedules

If SBA approves your loan, we may require the following items before loan closing. We will advise you, in writing, of the documents we need.

- If you own your residence, a COMPLETE legible copy of the deed, including the legal description of the property
- If the damaged property is your primary residence, proof of residency at the damaged address
- If you had damage to a manufactured home, a copy of the title. If you own the lot where the home is located, a COMPLETE legible copy of the deed, including the legal description of the property
- If you have damage to an automobile or other vehicle, proof of ownership (a copy of the registration, title, bill of sale, etc.)

Statements required by Laws and Executive Orders

Note: Please read, detach, and keep for your records

To comply with legislation passed by the Congress and Executive Orders issued by the President, Federal executive agencies, including the Small Business Administration (SBA), must notify you of certain information. You can find the regulations and policies implementing these laws and Executive Orders in Title 13, Code of Federal Regulations (CFR), Chapter 1, or our Standard Operating Procedures (SOPs). In order to provide the required notices, the following is a brief summary of the various laws and Executive Orders that affect SBA's Disaster Loan Programs.

The Small Business Act, Public Law (PL) 85-536 authorizes the Small Business Administration (SBA) to collect the information on this form. Your disclosure of the information is voluntary. However, failure to disclose certain information may delay the processing of your eligibility or denial. The SBA will not deny eligibility if you refuse to disclose your Social Security Number. This information is collected to participate in a loan or grant to determine eligibility for a SBA program. The information collected may be released to appropriate Federal, State and Local Agencies, credit bureaus and Servicing agents when relevant to civil, criminal, or regulatory proceedings or to enforce regulations by manual or automated verification procedures.

STATEMENT REGARDING LOBBYING (APPLICABLE ONLY TO LOANS EXCEEDING \$150,000)

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to provide a loan, the Applicant(s) will complete and submit Standard Form LLL, "Disclosure of Lobbying Activities," in accordance with 13 CFR Part 146. Applicant(s) acknowledges submission of this disclosure is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code, and that any person who fails to file or amend a declaration required to be filed or amended will be subject to a civil penalty in the amounts set forth in 13 CFR §146.400.

FREEDOM OF INFORMATION ACT (5 U.S.C. 552)

This law provides, with some exceptions, that we must make records or portions of records contained in our files available to persons requesting them. This generally includes aggregate statistical information on our disaster loan programs and other information such as names of borrowers (and their officers, directors, stockholders or partners), loan amounts at maturity, the collateral pledged, and the general purpose of loans. We do not routinely make available to third parties your proprietary data without first doing pre-notification, as required by Executive Order #12600, or confidential business information, information that would cause competitive harm, or information that would constitute a clearly unwarranted invasion of personal privacy.

Send a request under this Act to the SBA office maintaining the records requested and identify it as a Freedom of Information Act (FOIA) request. The request must describe the specific records you want. For information about the FOIA, contact the Chief, FOI/PA Office, 409 3rd Street, SW, Suite 5900, Washington, DC 20416, or by e-mail at foia@sba.gov.

PRIVACY ACT (5 U.S.C. 552a)

Anyone can request to see or get copies of any personal information that we have in your file. Any personal information in your file that is retrieved by individual identifiers, such as name or social security number is protected by the Privacy Act, which means requests for information about you may be denied unless we have your written permission to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Agreements and Certifications section of this form contains written permission for us to disclose the information resulting from this collection to state, local or private disaster relief services.



Statements required by Laws and Executive Orders, continued

The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use for SBA's loan system of records is that when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use of personal information is to assist in obtaining credit bureau reports on Disaster Loan Applicants and guarantors for purposes of originating, servicing, and liquidating Disaster loans. See, 86 FR 64979 (and as amended from time to time) for additional background and other routine uses.

Under the provisions of the Privacy Act, you are not required to provide social security numbers. (see exception under Debt Collection Act below) We use social security numbers to distinguish between people with a similar or the same name for credit decisions and for debt collection purposes. Failure to provide this number may not affect any right, benefit or privilege to which you are entitled by law, but having the number makes it easier for us to more accurately identify to whom adverse credit information applies and to keep accurate loan records.

Note: Any person concerned with the collection, use and disclosure of information, under the Privacy Act may contact the Chief, FOI/PA Office, 409 3rd Street, SW, Suite 5900, Washington, DC 20416 or by e-mail at foia@sba.gov for information about the Agency's procedures relating to the Privacy Act and the Freedom of Information Act.

DEBT COLLECTION ACT OF 1982; DEFICIT REDUCTION ACT OF 1984; DEBT COLLECTION IMPROVEMENT ACT OF 1996 & other titles (31 U.S.C. 3701 et seq.)

These laws require us to aggressively collect any delinquent loan payments and to require you to give your taxpayer identification number to us when you apply for a loan. If you receive a loan and do not make payments when they become due, we may take one or more of the following actions (this list may not be exhaustive):

- Report the delinquency to credit reporting bureaus.
- Offset your income tax refunds or other amounts due to you from the Federal Government.
- Refer the account to a private collection agency or other agency operating a debt collection center.
- Suspend or debar you from doing business with the Federal Government.
- Refer your loan to the Department of Justice.
- Foreclose on collateral or take other actions permitted in the loan instruments.
- Garnish wages.
- Sell the debt.
- Litigate or foreclose.

RIGHT TO FINANCIAL PRIVACY ACT OF 1978 (12 U.S.C. § 3401 et seq.)

This notifies you, as required by the Right to Financial Privacy Act of 1978 (Act), of our right to access financial records held by financial institutions that were or are doing business with you or your business. This includes financial institutions participating in loans or loan guarantees.

The law provides that we may access your financial records when considering or administering Government loan or loan guaranty assistance to you. We must give a financial institution a certificate of our compliance with the Act when we first request access to your financial records. No other certification is required for later access. Our access rights continue for the term of any approved loan or loan guaranty. We do not have to give you any additional notice of our access rights during the term of the loan or loan guaranty.

We may transfer to another Government authority any financial records included in a loan application or about an approved loan or loan guaranty as necessary to process, service, liquidate, or foreclose a loan or loan guaranty. We will not permit any transfer of your financial records to another Government authority except as required or permitted by law.

Statements required by Laws and Executive Orders, continued

CONSUMER CREDIT PROTECTION ACT (15 U.S.C. 1601 et seq.)

This legislation gives an applicant who is refused credit because of adverse information about the applicant's credit, reputation, character or mode of living an opportunity to refute or challenge the accuracy of such reports. Therefore, if we decline your loan in whole or in part because of adverse information in a credit report, you will be given the name and address of the reporting agency so you can seek to have that agency correct its report, if inaccurate. If we decline your loan in whole or in part because of adverse information received from a source other than a credit reporting agency, you will be given information but not the source of the report.

Within 3 days after the consummation of the transaction, any recipient of an SBA loan which is secured in whole or in part by a lien on the recipient's residence or household contents may rescind such a loan in accordance with "Regulation Z" of the Federal Reserve Board.

PLEASE NOTE: The estimated burden for completion of this form, including gathering the information and completing and reviewing the response, is 1.25 hours. You are not required to respond to this information collection unless a valid OMB control number is displayed. The number for this collection of information is 3245-0018. If you have any questions or comments concerning this estimate or other aspects of this information collection, please contact the U.S. Small Business Administration, Director, Records Management Division, 409 3rd Street, S.W., Washington, DC 20416, and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC 20503.

PLEASE SUBMIT OR RETAIN THE COMPLETED FORM ACCORDING TO THE INSTRUCTIONS ABOVE.
PLEASE DO NOT SEND FORMS TO OMB.

