

PLEASE NOTE: SCREEN SHOTS ARE NOT AVAILABLE FOR SBA'S UNIFIED LENDING PLATFORM SINCE THE NEW SYSTEM IS CURRENTLY BEING BUILT. THE FOLLOWING ELECTRONIC LOAN APPLICATION (ELA) SCREEN SHOTS ARE FROM THE DISASTER LOAN APPLICATION PORTAL (DLAP) IN SBA'S DISASTER CREDIT MANAGEMENT SYSTEM (DCMS) AND WILL BE UPDATED TO REFLECT THE RECENT FORM CHANGES ONCE APPROVED FOR USE.

DLAP Business Application screens

Form 5



Business Information

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If you know your 9 digit FEMA Registration Number, please enter it here:

1. ARE YOU APPLYING FOR:

* Physical Damage - Indicate type of damage

 * Real Property * Business Contents

* Economic Injury (EIDL)

Military Reservist EIDL (MREIDL)

Name of Essential Employee

Employee's Social Security Number

2. ORGANIZATION TYPE **Sole Proprietors Should Complete Form 5C*

Partnership Limited Partnership Limited Liability Entity Other

Corporation Nonprofit Organization Trust

3. * APPLICANT'S LEGAL NAME:

4. * FEDERAL E.I.N.

5. TRADE NAME (IF DIFFERENT FROM LEGAL NAME)	6. * BUSINESS PHONE NUMBER (INCLUDING AREA CODE)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
7. MAILING ADDRESS	
<input type="radio"/> Business <input type="radio"/> Home <input type="radio"/> Temporary <input type="radio"/> Other	
* Number, Street, and/or Post office Box	* Zip
<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>
* City	* State
<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>
<input type="button" value="Select City"/>	<input type="button" value="Select County"/>
8. DAMAGED PROPERTY ADDRESS(ES)	
* Business Property is:	
<input type="radio"/> Leased <input type="radio"/> Owned	
Make this Address the same as Applicant's Mailing Address entered in Section 7 (If applicable, please include Apt #, Suite #, Bldg #, Unit # etc.)	
* Number, Street, and/or Post office Box	* Zip
<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>
* City	* State
<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>
<input type="button" value="Select City"/>	<input type="button" value="Select County"/>
Coverage Type	Insurance Company
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Agent Name	
<input style="width: 95%;" type="text"/>	
Phone Number of Insurance Agent	Policy Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="button" value="Add Another Insurance"/>	
<input type="button" value="Add Another Damaged Property"/>	

9. PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) TO CONTACT FOR:	
Loss Verification Inspection	Information necessary to process the Application
* Name	* Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
* Telephone Number	* Telephone Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
10. ALTERNATE WAY TO CONTACT YOU	
Cell Number	Email
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Fax Number	Other
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
11. BUSINESS ACTIVITY	12. NUMBER OF EMPLOYEES (PRE-DISASTER)
<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>
13. * DATE BUSINESS ESTABLISHED:	14. * CURRENT MANAGEMENT SINCE:
<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>
15. AMOUNT OF ESTIMATED LOSS	
Real Estate	Inventory
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Machinery & Equipment	Leasehold Improvements
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
16. * DO YOU OWN MORE THAN 50% OR ARE YOU A MANAGING MEMBER OR GENERAL PARTNER OF A CORPORATION, PARTNERSHIP, LIMITED PARTNERSHIP OR LLC?	
<input type="radio"/> Yes <input type="radio"/> No	

Form 5



Disclosures

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18. FOR THE APPLICANT BUSINESS AND EACH OWNER LISTED IN ITEM 17, PLEASE RESPOND TO THE FOLLOWING QUESTIONS, PROVIDING DATES AND DETAILS ON ANY QUESTION ANSWERED YES.

* a. Has the business or a listed owner filed bankruptcy in the past 2 years?

- Yes
 No

* b. Does the business or a listed owner have any outstanding judgments, tax liens, or pending lawsuits against them?

- Yes
 No

* c. In the past year, has the business or a listed owner been convicted of a criminal offense committed during and in connection with a riot or civil disorder or other declared disaster, or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction?

- Yes
 No

* d. Has the business or a listed owner ever had or guaranteed a Federal loan or a Federally guaranteed loan?

- Yes
 No

* e. Is the business or a listed owner delinquent on any Federal taxes, direct or guaranteed Federal loans (SBA, FHA, VA, student, etc.), Federal contracts, Federal grants, or any child support payments?

- Yes
 No

* f. Does any owner, owner's spouse, or household member work for SBA or serve as a member of SBA's SCORE, ACE, or Advisory Council?

- Yes
 No

* g. Is the applicant or any listed owner currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans?

- Yes
 No

19. REGARDING YOU OR ANY JOINT APPLICANT LISTED IN ITEM 17:

* a) are you presently 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 nolo contendere, 4) been placed on pretrial diversion, or 5) been placed on any form of parole or probation (including probation before judgment)?

- Yes
 No

20. PHYSICAL DAMAGE LOANS ONLY

If your application is approved, you may be eligible for additional funds to cover the cost of Mitigating measures (real property improvements or devices to minimize or protect against future damage from the same type of disaster event). It is not necessary for you to submit the description and cost estimates with the application. SBA must approve the mitigating measures before any loan increase. SBA will provide you more information about the mitigation measures for which you may be eligible.

I'm not interested in learning more about how to increase my loan amount for mitigation measures.

21. IF ANYONE ASSISTED YOU IN COMPLETING THIS APPLICATION, WHETHER YOU PAY A FEE FOR THIS SERVICE OR NOT, THAT PERSON MUST PRINT AND SIGN THEIR NAME IN THE SPACE BELOW.

Name and Address of Representative (please include the individual name of their company)

(Print individual name)

(Name of Company)

Phone Number (including Area Code)

Street Address

City

State

Zip Code

Fee Charged or Agreed Upon

Unless the NO box is checked, I give permission for SBA to discuss any portion of this application with the representative listed above.

No

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OMB Control No. 3245-0017
Exp. 11/30/2024

Consent

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AGREEMENTS AND CERTIFICATIONS

On behalf of the undersigned individually and for the applicant business:

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.

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Form 5



Business Information



Owner Information



Disclosures



Consent



Additional Comments

Additional Comments

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22. ADDITIONAL INFORMATION
Please refer to Item Number and Title
<input type="text"/>
4000 characters are remaining

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