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U.S. Small Business Administration DISASTER BUSINESS LOAN APPLICATION

OMB No.: 3245-0017
Expiration: 08/31/2021

FOR SBA INTERNAL USE ONLY

Date Received _____ Location _____ By _____

Physical Declaration Number

Economic Injury Declaration Number

FEMA Registration Number
(if known)

Filing Deadline Date

Filing Deadline Date

SBA Application Number

1. ARE YOU APPLYING FOR:

- Physical Damage** -- Indicate type of damage
- Real Property Business Contents
- Economic Injury (EIDL)**

- Military Reservist EIDL (MREIDL)**
(complete the following)
- * Name of Essential Employee _____
- * Employee's Social Security Number _____

PLEASE PROVIDE ALL INFORMATION OR DOCUMENTATION REQUESTED IN THE ATTACHED FILING REQUIREMENTS.

* For information about these questions, see the attached Statements Required by Laws and Executive Orders.

Apply online at <https://disasterloan.sba.gov/ela/> OR send completed applications to:

U.S. Small Business Administration, Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, Texas 76155

2. ORGANIZATION TYPE *Sole Proprietors should complete form 5C

- Partnership Limited Partnership Limited Liability Entity
- Corporation Nonprofit Organization Trust Other: _____

3. APPLICANT'S LEGAL NAME

4. FEDERAL E.I.N. (if applicable)

5. TRADE NAME (if different from legal name)

6. BUSINESS PHONE NUMBER (including area code)

7. MAILING ADDRESS

- Business Home Temp Other _____

Number, Street, and/or Post Office Box City County State Zip

8. DAMAGED PROPERTY ADDRESS(ES)

BUSINESS PROPERTY IS:

- (If you need more space, attach additional sheets.) Same as mailing address Owned Leased

Number and Street Name City County State Zip

9. PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) TO CONTACT FOR:

Loss Verification Inspection

Information necessary to process the Application

Name Name

Telephone Number Telephone Number

10. ALTERNATE WAY TO CONTACT YOU

- Cell Number E-mail
- Fax Number Other

11. BUSINESS ACTIVITY:

12. NUMBER OF EMPLOYEES (pre-disaster):

13. DATE BUSINESS ESTABLISHED:

14. CURRENT MANAGEMENT SINCE:

15. AMOUNT OF ESTIMATED LOSS: If unknown, enter a question mark

Real Estate Inventory

Machinery & Equipment Leasehold Improvements

16. INSURANCE COVERAGE (IF ANY)

(If you need more space, attach additional sheets.)

Coverage Type:

Name of Insurance Company and Agent

Phone Number of Insurance Agent Policy Number

17. OWNERS (Individuals and businesses.) Complete for each: 1) proprietor, or 2) limited partner who owns 20% or more interest and each general partner, or 3) stockholder or entity owning 20% or more voting stock.
 (If you need more space attach additional sheets.)

Legal Name				Title/Office	% Owned	E-mail Address	
SSN/EIN*	Marital Status	Date of Birth*	Place of Birth*	Telephone Number (area code)		US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address				City	State	Zip	
Legal Name				Title/Office	% Owned	E-mail Address	
SSN/EIN*	Marital Status	Date of Birth*	Place of Birth*	Telephone Number (area code)		US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address				City	State	Zip	

* For information about these questions, see the attached Statements Required by Laws and Executive Orders.

Business Entity Owner Name		EIN	Type of Business	% Ownership
Mailing Address		City	State	Zip Code
E-mail Address			Phone	

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 (Attach an additional sheet for detailed responses).

a. Has the business or a listed owner ever been involved in a bankruptcy or insolvency proceeding? 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 judgement)? Yes No If yes, Name: _____

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. **By checking this box, I am interested in having SBA consider this increase.**

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 and their company)

_____	_____
(Signature of Individual)	(Print Individual Name)
_____	_____
(Name of Company)	Phone Number (include Area Code)
_____	_____
Street Address, City, State, Zip	Fee Charged or Agreed Upon <input type="checkbox"/>

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

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.

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.

SIGNATURE <input type="text"/>	TITLE <input type="text"/>	DATE <input type="text"/>
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