



# U. S. Small Business Administration DISASTER HOME / SOLE PROPRIETOR LOAN APPLICATION

OMB No. : 3245-0018  
Expiration: 07/31/2021

SBA Internal Use Only:

Date Received \_\_\_\_\_ Location \_\_\_\_\_ By \_\_\_\_\_

SBA Application Number: \_\_\_\_\_ FEMA Registration Number: \_\_\_\_\_

Filing Deadline: \_\_\_\_\_ Declaration Number: \_\_\_\_\_

### ARE YOU APPLYING FOR:

Primary Residence       Sole Proprietor - Physical Damage       Sole Proprietor - Economic Injury

### INFORMATION ABOUT THE APPLICANT(S)

#### Primary Applicant

First Name  Middle Name   
Last Name  Suffix   
Social Security Number  Date of Birth   
Household Size   
Marital Status  Married  Not Married  
Are you a U.S. Citizen?  Yes  No  
Are you an SBA Employee?  Yes  No

#### Joint Applicant

First Name  Middle Name   
Last Name  Suffix   
Social Security Number  Date of Birth   
Marital Status  Married  Not Married  
Are you a U.S. Citizen?  Yes  No  
Are you an SBA Employee?  Yes  No

### CONTACT INFORMATION

Check your preferred method of contact:

E-mail Address    
Cell Phone    
Home Phone  \_\_\_\_\_  
Work Phone

Check your preferred method of contact:

E-mail Address  \_\_\_\_\_  
Cell Phone  \_\_\_\_\_  
Home Phone  \_\_\_\_\_  
Work Phone  \_\_\_\_\_

Closest Relative Not Living With You: Name:  Phone Number:

### 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

### DAMAGED PROPERTY ADDRESS additional damaged properties added in "additional comments" section

Address   
City  County  State  Zip   
Type of Damage:  Real Estate  Personal Property  Automobile

### MAILING ADDRESS if different than the damaged property address.

Address   
City  County  State  Zip

### INCOME INFORMATION

#### Primary Applicant

Employed  Unemployed  Self Employed  Retired

Total Annual Income (before deductions) \$

Employer Name

Employer Phone Number

**Note:** Include all reoccurring 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-reoccurring income.

#### Joint Applicant

Employed  Unemployed  Self Employed  Retired

Total Annual Income (before deductions) \$

Employer Name

Employer Phone Number

**Note:** Include all reoccurring 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-reoccurring income. Do not include items covered by Primary Applicant

**DEBTS**

I have no debts

Mortgage Holder or Landlord's Name (Primary Residence)	Monthly Payment/Rent	Current Balance
Name Theodore Elliot	\$ 858.46	\$ 122425

2nd Mortgage Holder Name (if applicable)	Monthly Payment/Rent	Current Balance
Name	\$	\$

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

Real Estate Taxes	Homeowner's Insurance	Condo/Townhome/HOA/Co-Op Fees
\$2150 per year	\$1290 per year	\$ per year

**Other Debt** including autopayments, credit cards, installment loans, student loans, etc. **Note: Only include debts that will last longer than 10 months.**

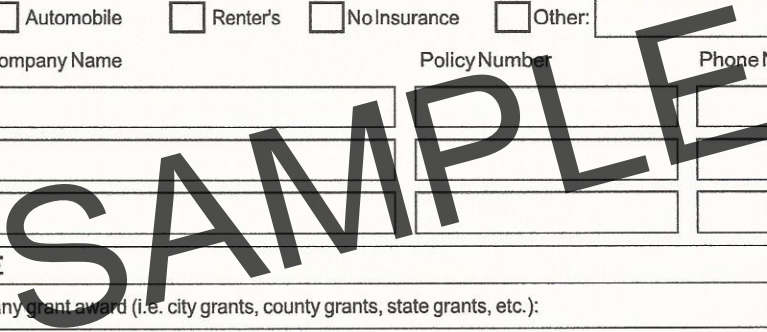
Name of Creditor	Monthly Payment	Current Balance
BF Bank & Trust	\$ 324.95	\$ 3526
SOFIT Student Loan	\$ 125.95	\$ 10055
	\$	\$
	\$	\$
	\$	\$
	\$	\$

**INSURANCE INFORMATION**

Please check all insurance in force for the damaged property:

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

Policy Type	Insurance Company Name	Policy Number	Phone Number	Amount Received
				\$
				\$
				\$



**OTHER DISASTER ASSISTANCE**

Other than FEMA, have you received any grant award (i.e. city grants, county grants, state grants, etc.):  Yes  No

**ASSETS**

**Pre-disaster values:**

Cash, Bank Accounts and Marketable Securities (e.g. Stock & Bonds, CDs, etc.) (Not including retirement accounts)	\$ 15358
Retirement Accounts (e.g. IRAs, Keogh, TSP or other similar accounts)	\$ 180500
Personal Property (furniture, appliances, vehicles, RVs, etc.)	\$ 25000
Primary Residence	\$ 250000
All Other Real Estate (describe)	\$

**DISCLOSURES**

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

- Are you delinquent on any Federal taxes, Federal loans, Federal grants, or 60 days past due on any child support obligation?  Yes  No
- Are you currently a defendant in any lawsuits or have pending judgements against you?  Yes  No
- Are you currently suspended or debarred from contracting with Federal government or receiving Federal grants or loans?  Yes  No
- Do you have federal loans, federally guaranteed loans, or previous SBA loans?  Yes  No
- Are you engaged in the production or distribution of any product that has been determined to be obscene by a court of competent jurisdiction?  Yes  No
- In the past year, have you been convicted of a felony committed in connection with a riot or civil disorder?  Yes  No
- 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 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

**REPRESENTATIVE INFORMATION**

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

Name and Address of Representative:

Fee charged or agreed upon

NA (Insert name and address if someone completed this form for a fee)

\$ 500.00 (only if paid)

**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.

Signature of Applicant

Date

Signature of Joint Applicant

Date

**ADDITIONAL COMMENTS**

**SAMPLE**

Disaster

Request for Transcript of Tax Return

Form 4506-T (September 2018) Department of the Treasury Internal Revenue Service

- Do not sign this form unless all applicable lines have been completed. Request may be rejected if the form is incomplete or illegible. For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

Form fields: 1a Name shown on tax return (Theodore Walter Elliot), 1b First social security number (471-23-4567), 2a Spouse's name (Angel Marie Elliot), 2b Second social security number (470-12-3456), 3 Current name and address (125 Cedar Lane Willmar, MN 56201), 4 Previous address, 5a Third party name and address, 5b Customer file number.

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

Section 6: Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Includes options for Return Transcript, Account Transcript, Record of Account, Verification of Nonfiling, and Form W-2 transcript.

Section 9: Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. Includes a table for date selection.

Caution: Do not sign this form unless all applicable lines have been completed. Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested.

Sign Here section with checkboxes for attestation and fields for Signature, Date, Title, and Spouse's signature.