



Disaster Loan Assistance

Federal Disaster Loans for Businesses, Private Non-profits, Homeowners and Renters

COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION











BUSINESS INFORMATION

BUSINESS OWNERS INFORMATION

STREAMLINED PROCESS REQUIREMENTS

SBA is collecting the requested information in order to make a loan under SBA's Economic Injury Disaster Loan Program to the qualified entities listed in this application that are impacted by the Coronavirus (COVID-19). The information will be used in determining whether the applicant is eligible for an economic injury loan. If you do not submit all the information requested, your loan cannot be fully processed.

The Applicant understands that the SBA is relying upon the self-certifications contained in this application to verify that the Applicant is an eligible entity to receive the advance, and that the Applicant is providing this self-certification under penalty of perjury pursuant to 28 U.S.C. 1746 for verification purposes.

The estimated time for completing this entire application is two hours and ten minutes, although you may not need to complete all parts. You are not required to respond to this collection of information unless it displays a currently valid OMB approval number.

ELIGIBLE ENTITY VERIFICATION

Choose One:
Applicant is a business with not more than 500 employees.
Applicant is an individual who operates under a sole proprietorship, with or without employees, or as an independent contractor.
Applicant is a cooperative with not more than 500 employees.
Applicant is an Employee Stock Ownership Plan (ESOP), as defined in 15 U.S.C. 632, with not more than 500 employees.
Applicant is a tribal small business concern, as described in 15 U.S.C. 657a(b)(2)(C), with not more than 500 employees.
Applicant is a business, including an agricultural cooperative, aquaculture enterprise, nursery, or producer cooperative, that is small under SBA Size Standards found at https://www.sba.gov/size-standards (<a hre<="" td="">
Applicant is a business with more than 500 employees that is small under SBA Size Standards found at https://www.sba.gov/size-standards (https://www.sba.gov/size-standards).
Applicant is a private non-profit organization that is a non-governmental agency or entity that currently has an effective ruling letter from the IRS granting tax exemption under sections 501(c),(d), or (e) of the Internal Revenue Code of 1954, or satisfactory evidence from the State that the non-revenue producing organization or entity is a non-profit one organized or doing business under State law, or a faith-based organization.
Review and Check All of the Following: Applicant must review and check all the following (If Applicant is unable to check all of the following, Applicant is not an Eligible Entity):
Applicant is not engaged in any illegal activity (as defined by Federal guidelines).
No principal of the Applicant with a 50 percent or greater ownership interest is more than sixty (60) days delinquent on child support obligations.
Applicant is not an agricultural enterprise (e.g., farm), other than an aquaculture enterprise, agricultural cooperative, or nursery.
Applicant does not present live performances of a prurient sexual nature or derive directly or indirectly more than de minimis gross revenue through the sale of products or services, or the presentation of any depictions or displays, of a prurient sexual nature.

Applicant does not derive more than one-third of gross and	nual revenue from legal gambling activities.
Applicant is not in the business of lobbying.	
Applicant cannot be a state, local, or municipal governmen	nt entity and cannot be a member of Congress.
If you have questions about this application or problems problems problems and the second services of the second second services of the second second services of the second seco	oviding the required information, please contact our Customer Service Center at 1-ice@sba.gov. Continue >

SBA Office of Disaster Assistance | 1-800-659-2955 | 409 3rd St, SW. Washington, DC 20416 <u>Privacy Policy (https://www.sba.gov/about-sba/open-government/about-sbagov-website/privacy-policy)</u>



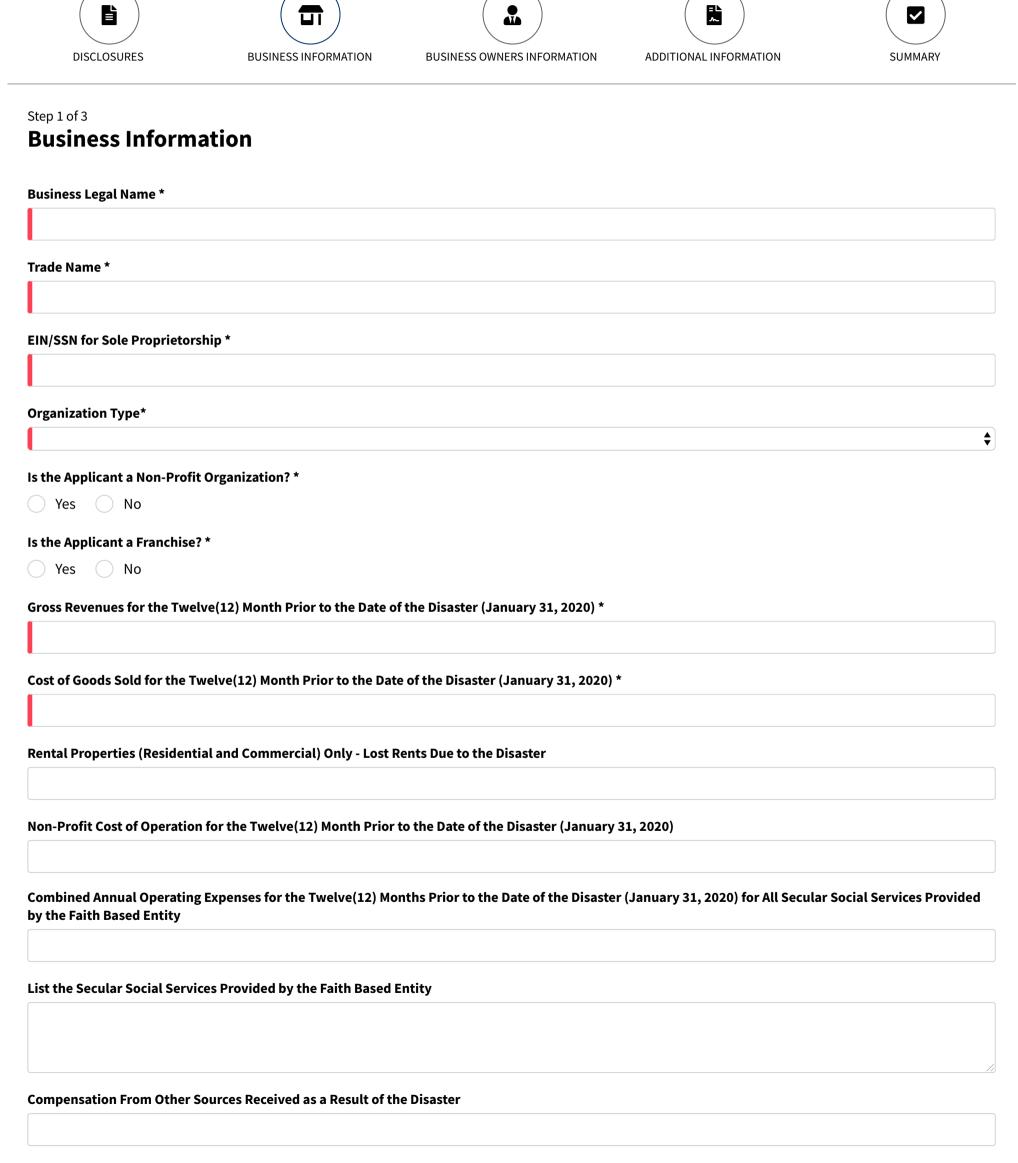


Expiration Date: 09/30/2020

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Primary Business Address (Cannot be P.O. Box) *	
City *	
State *	
	\(\phi\)
County	
Zip *	
Business Phone *	
Alternative Business Phone	
Atternative business Phone	
Business Fax	
Business Email *	
Date Business Established *	
mm/dd/yyyy	
Current Ownership Since *	
mm/dd/yyyy	
Business Activity *	
Business Activity	\$
Detailed Business Activity*	
	\$
Number of Employees (As of January 31, 2020) *	
Tumber of Employees (As of Samually S1, 2020)	

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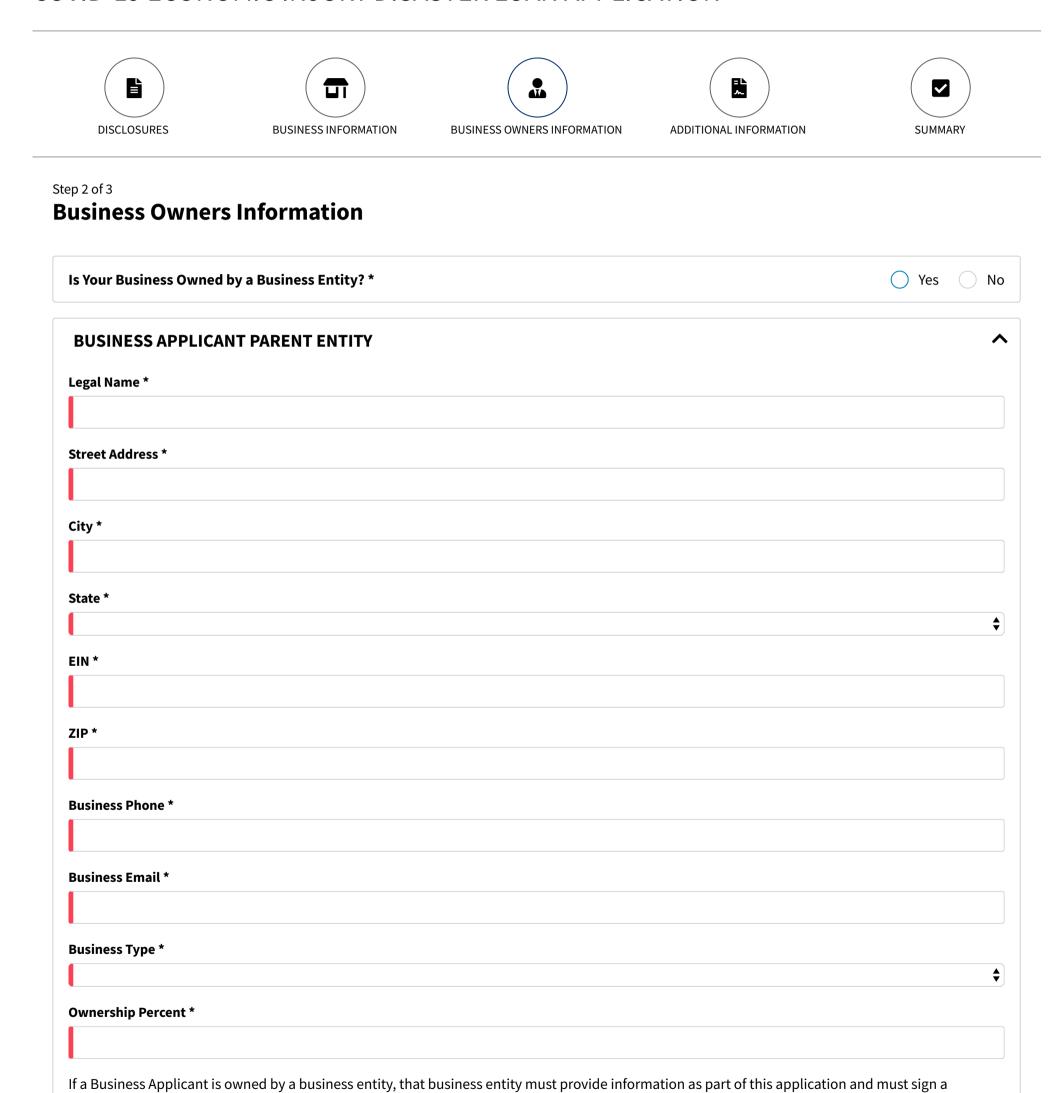


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Individual Owner/Agent(s)

guarantee.

Owner/Agent 1

First Name *		
Last Name *		
Mobile Phone *		
MODILE PHONE		
Title / Office *		\$
		▼)
Ownership Percent *		
Email *		
SSN *		
Birth Date *		
mm/dd/yyyy		
Place Of Birth *		
U.S. Citizen *		
Yes No		
Residential Street Address *		_
City *		
State *		
		\$
Zip *		
	🚉 + Add Additional Owner	





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DISCLOSURES	BUSINESS INFORMATION	BUSINESS OWNERS INFORMATION	ADDITIONAL INFORMATION	SUMM	ARY
3 of 3 ditional Infor	mation				
ith a riot or civil disorde		convicted of a criminal offense commever been engaged in the production rt of competent jurisdiction?	_	Yes	
the applicant or any list ceiving Federal grants o		or debarred from contracting with th	ne Federal government or	Yes	
Are you presently subj narges are brought in a		formation, arraignment, or other me	ans by which formal criminal	Yes	
Have you been arreste	d in the past six months for any o	criminal offense?			
-		olation - have you ever been convictor aced on any form of parole or proba			
mation below.	completing this application	, whether you pay a fee for this s	ervice or not, that person must	t enter their	
rmation below. vidual Name	completing this application	, whether you pay a fee for this s	ervice or not, that person must	t enter their	
ormation below. vidual Name	completing this application	, whether you pay a fee for this s	ervice or not, that person must	t enter their	
nyone assisted you in ormation below. vidual Name ne of Company ne Number	completing this application	, whether you pay a fee for this s	ervice or not, that person must	t enter their	
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ormation below. vidual Name ne of Company	Zip	, whether you pay a fee for this s	ervice or not, that person must	t enter their	
ormation below. vidual Name ne of Company ne Number et Address, City, State, 2	Zip	, whether you pay a fee for this s	ervice or not, that person must	t enter their	
rmation below. vidual Name e of Company ne Number et Address, City, State, 2	Zip	, whether you pay a fee for this s		t enter their	
rmation below. vidual Name e of Company ne Number et Address, City, State, 2	Zip				

Where to Send Funds **Bank Name * Account Number * Routing Number *** On behalf of the individual owners identified in this application and for the business applying for the loan: 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 and for the SBA to obtain credit information about the individuals completing 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. I hereby certify UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES that the above is true and correct.

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