

**DISASTER RECOVERY MICROLOAN  
BUSINESS LOAN APPLICATION**

**Note: The Regional Entity managing the Disaster Recovery Microloan program has the authority to ask for additional information not specifically identified in this application**

**SECTION I-BUSINESS INFORMATION**

<b>Legal Entity:</b> <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Nonprofit (Attach copies of IRS documents showing acceptance of Federal Tax Exempt Status)			
<b>Legal Name:</b>			
<b>Trade Name:</b>			
<b>Mailing Address:</b>			
<b>City, State, Zip:</b>			<b>County:</b>
<b>FEIN:</b> (Federal Employee Identification Number –Tax ID)			
<b>Date Established:</b>		<b>State of Organization</b> (Per Articles of Incorporation/Organization):	
<b>Current Employment</b>		<b>Full-time:</b>	<b>Part-time:</b>
<b>Website URL:</b>		<b>Phone:</b>	
<b>Head of Organization:</b>		<b>Title:</b>	
<b>Phone:</b>		<b>Email:</b>	
Check box if W-9 is attached to the application <input type="checkbox"/>			
<b>Briefly describe the business including products/services, locations and customers:</b>			

**SECTION II- PRIMARY APPLICATION CONTACT**

<b>Project Contact:</b>	<b>Title:</b>
<b>Email:</b>	<b>Office Phone:</b>
<b>Cell Phone:</b>	<b>Mailing Address:</b>
<b>City, State, Zip:</b>	

**SECTION III- BUSINESS OWNERSHIP**

<b>List All Owners:</b>			
<b>Name</b>	<b>Ownership %</b>	<b>Phone</b>	<b>Email</b>
<b>How long has the business been under current ownership?</b>			

**SECTION IV- AFFECTED PROPERTY**

<b>Physical Address:</b>	
<b>City, State, Zip:</b>	
<b>Property Owner:</b>	
<b>Email:</b>	<b>Office Phone:</b>
<b>Cell Phone:</b>	<b>Mailing Address:</b>
<b>City, State, Zip:</b>	

**SECTION V- DAMAGE**

Briefly describe the extent of your business loss (attach photos as applicable):

Has/will your business register with FEMA or local emergency management officials?  Yes  No

Please explain:

Did/will your business apply for a Small Business Administration (SBA) Loan?  Yes  No

Please explain:

Have/will any of the business's damages or economic losses be covered by other sources, insurance, local grants, reimbursements, loans, etc?  Yes  No

Please explain:

Insurance Carrier Name:

Agent's Name:

Agent's Email:

Agent's Phone:

Are you current with State and federal taxes?  Yes  No

Please explain:

Are you current on your personal and business property taxes?  Yes  No

Please explain:

Attach your most current federal and state tax return.

**SECTION VI- LOAN REQUEST**

Please detail how you intend to use the microloan dollars:

Note: Personal guarantees from the applicant will be required

Estimated Total Physical Business Damage:

Rent/Mortgage Expense:

Operating Costs:

Architecture & Engineering:

Equipment/Furniture/Fixtures:

Inventory Replacement:

Other:

TOTAL (not to exceed \$15,000):

**SECTION VII- LENDER REFERENCE**

Lender:

Lender Contact:

Email:

Office Phone:

Cell Phone:

Mailing Address:

City, State, Zip:

**SECTION VIII- CERTIFICATION**

*I certify that the information supplied on this application and all other supplemental information submitted for review for this loan is accurate and complete. I also authorize required and necessary background and credit checks.*

Signature:

Name:

Title:

Date: