

Step 1) Go to <https://covid19relief.sba.gov/#/> and you will be taken to the “COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION” Please be sure to read ALL information to help you make the appropriate decision for your business.

*Your browser should show this



OMB Control #3247-0406
Expiration Date: 09/30/2020

Disaster Loan Assistance

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

COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION

DISCLOSURES BUSINESS INFORMATION BUSINESS OWNERS INFORMATION ADDITIONAL INFORMATION SUMMARY

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

Step 2) Select the option that best describes your business. Many small businesses fall under options 1 & 2.

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>.
- Applicant is a business with more than 500 employees that is small under SBA Size Standards found at <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.

Step 3) Continue to review and answer all eligibility verification questions.

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 annual revenue from legal gambling activities.
- Applicant is not in the business of lobbying.
- Applicant cannot be a state, local, or municipal government entity and cannot be a member of Congress.

If you have questions about this application or problems providing the required information, please contact our Customer Service Center at 1-800-659-2955 or (TTY: 1-800-877-8339) DisasterCustomerService@sba.gov.

Continue >

Step 4) Once all required fields have been filled out the “Continue” option will be available at the bottom of this screen. Click on the “Continue” option and you will be taken to the next page of the application

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Continue >

Step 5) Fill out All required fields with your business information. Fields will turn from **RED** to **GREEN** when completed successfully.

COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION

DISCLOSURES BUSINESS INFORMATION BUSINESS OWNERS INFORMATION ADDITIONAL INFORMATION SUMMARY

Step 1 of 3

Business Information

Business Legal Name *

Trade Name *

EIN/SSN for Sole Proprietorship *

Organization Type*

Is the Applicant a Non-Profit Organization? *
 Yes No

Step 6) Continue to fill out all required fields until the “Next” option becomes available at the bottom of the page. Click on the “Next” option and you will be taken to the next page of the application

Business Fax

Business Email *

Date Business Established *

Current Ownership Since *

Business Activity *

Detailed Business Activity*

Number of Employees (As of January 31, 2020) *

[Next >](#)

Step 7) Fill out All required fields with the business owners information. Fields will turn from **RED** to **GREEN** when completed successfully.

COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION

DISCLOSURES BUSINESS INFORMATION **BUSINESS OWNERS INFORMATION** ADDITIONAL INFORMATION SUMMARY

Step 2 of 3

Business Owners Information

Is Your Business Owned by a Business Entity? * Yes No

Individual Owner/Agent(s)

Owner/Agent 1 ^

First Name *
John

Last Name *
Smith

Mobile Phone *
(760)-346-4780

Title / Office *

Step 8) Continue to fill out all required fields and add ALL additional owners when necessary. Once all required fields have been successfully filled in the “Next” option will become available. Click on the “Next” option and you will be taken to the next page of the application

Birth Date *
01/25/1971

Place Of Birth *
Hemet

U.S. Citizen *
 Yes No

Residential Street Address *
559 FloridaRd

City *
Hemet

State *
California

Zip *
92543

[Add Additional Owner](#)

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Step 9) Continue to answer All additional required information and continue to the bottom of the page.

COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION

DISCLOSURES BUSINESS INFORMATION BUSINESS OWNERS INFORMATION **ADDITIONAL INFORMATION** SUMMARY

Step 3 of 3

Additional Information

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

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

a. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? Yes No

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 been convicted, plead guilty, plead nolo contendere, been placed on pretrial diversion, or been placed on any form of parole or probation (including probation before judgment)?

If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must enter their information below.

Individual Name

Step 10) If the \$10,000 advancement is needed for your business. Check the appropriate box and fill in the required field. Fields will turn from **RED** to **GREEN** when completed successfully.

I would like to be considered for an advance of up to \$10,000.

Where to Send Funds

Bank Name *
Chase, usa

Account Number *
0000

Routing Number *
00000

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.

Step 10) After all required fields have been correctly filled in and all boxes have been checked the “Next” option will become available. Click on the “Next” option and you will be taken to the final page of the application

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.

[Click for additional statements required by laws and executive orders](#)

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Step 11) Review all of your business information to ensure it is correct and make any final edits or corrections on this page. Each individual section will have an “Edit” option at the top right.

COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION

DISCLOSURES
 BUSINESS INFORMATION
 BUSINESS OWNERS INFORMATION
 ADDITIONAL INFORMATION
 SUMMARY

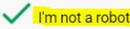
Summary

Business Information ^

| | | |
|--|---------------------|--|
| Business Legal Name | John Smith | Edit |
| Trade Name | Smith, Inc. | |
| EIN/SSN for Sole Proprietorship | 00-0000000 | |
| Organization Type | Sole Proprietorship | |
| Is the Applicant a Non-Profit Organization? | No | |
| Is the Applicant a Franchise? | No | |
| Gross Revenues for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020) | \$500,000.00 | |
| Cost of Goods Sold for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020) | \$200,000.00 | |
| Rental Properties (Residential and Commercial) Only - Lost Rents Due to the Disaster | | |
| Non-Profit Cost of Operation for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020) | | |

Step 12) After all corrections have been made, you will be asked to verify that you are not an A.I. program, then the “Submit” option will become available. Click the “Submit” option.

| | |
|---|----|
| Is the applicant or any listed owner currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans? | No |
| 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 been convicted, plead guilty, plead nolo contendere, been placed on pretrial diversion, or been placed on any form of parole or probation (including probation before judgment)? | No |
| Individual Name | |
| Name of Company | |
| Phone Number | |
| Street Address, City, State, Zip | |
| Fee Charged or Agreed Upon | |
| I give permission for SBA to discuss any portion of this application with the representative listed above. | No |



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✓ Submit

Step13) Once you’ve clicked the “Submit” option you will be directed to the next screen where you will be given an application number and additional information

COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION

Application Submitted

Your application number is
3600238097

You will be notified through the email address you submitted jsmith@smithinc.com for any additional information needed once your application has been processed.
Please write down your application number or print this page for your records.