

# SBA Emergency Injury Disaster Loan Program to help businesses keep solvent through the crisis to pay expenses they cannot pay due to the virus (EIDL)

3.75% for businesses, 2.75% for not for profits

Mostly for businesses which don't have traditional credit sources

## ***6 Required Documents (All Below, but links for you as well)***

- 1 SBA Form 5 – EIN, SSN and DOB - [https://www.sba.gov/sites/default/files/files/serv\\_da\\_all\\_loanapp\\_2\\_0\\_0\\_3.pdf](https://www.sba.gov/sites/default/files/files/serv_da_all_loanapp_2_0_0_3.pdf)
- 2 8802/4506 Tax Release form for each owner of 20% or more - <https://www.sba.gov/sites/default/files/2019-09/2202%20Schedule%20of%20Liabilities.pdf>
- 3 413D Personal Financial Statement, to personally guarantee loan—[https://www.sba.gov/sites/default/files/forms/SBA\\_Form\\_413\\_7a-504-SBG.pdf](https://www.sba.gov/sites/default/files/forms/SBA_Form_413_7a-504-SBG.pdf)
- 4 2022 – Schedule of Liabilities—<https://www.sba.gov/sites/default/files/2019-09/2202%20Schedule%20of%20Liabilities.pdf>
- 5 Recent Tax return (Federal and possibly State), potentially your year-end Profit & Loss Statement
- 6 SBA Form 1368 – monthly sales for 3 years - [https://www.sba.gov/sites/default/files/forms/serv\\_da\\_all\\_loanapp\\_5\\_0.pdf](https://www.sba.gov/sites/default/files/forms/serv_da_all_loanapp_5_0.pdf) (MAY OR MAY NOT BE REQUESTED)

### Timeline (at best)

1 day to complete

15 business days to process

5 business days to close

Expected to be a total of 1 month for start to finish

*Could be more than 2 months (dependent upon how busy SBA becomes)*

### Business needs to show SBA revenue and costs as well as the amount it needs

This is an opportunity and a competition. Get in line ahead of the crowds.

**Make the SBA say no.**

### **Requirements**

Keep monthly records.

Reports should be done on the same basis as they file their taxes, -- E.g. Cash vs. Accrual

Personal Statement – put 0 in places which don't apply to business

### **Next Steps**

Not stuck with initial amount

Can increase or decrease amount depending on business circumstances

20-30 year loans

No penalty for early repayment



# U.S. Small Business Administration DISASTER BUSINESS LOAN APPLICATION

OMB No. 3245-0017

## FORM 5

Physical Damage Filing Deadline

Declaration Number(s)

Economic Injury Filing Deadline

FEMA Registration Number, if Known

Are you applying for:

 Physical Damage Economic Injury

### FILING REQUIREMENTS (please submit)

- Copies of the applicant's 3 most recent Federal Income Tax Returns, including all schedules. If this is a new business that has not filed 3 Federal Tax Returns, submit the ones you have filed. Also, complete and sign the attached Tax Information Authorization (IRS Form 8821). Sole proprietors need only submit the IRS Form 8821. We will contact you if we need any additional information (i.e., forecasts, etc.).
- A current (dated within 90 days of application) business balance sheet (you may use the attached Personal Financial Statement (SBA Form 413) if you are a sole proprietorship), a current profit and loss statement, and a current schedule of liabilities. (We attached a sample schedule of liabilities for your convenience.)
- For each owner having a 20% or more interest and each general partner, a current (dated within 90 days of application) personal financial statement (you may use SBA Form 413 for this purpose), a complete copy, including all schedules, of the most recent Federal Income Tax Return and a complete and signed IRS Form 8821. Individuals with an ownership interest need only supply an IRS Form 8821 and a personal financial statement.
- A complete copy, including all schedules, of the latest Federal Income Tax Return for each affiliate. Affiliates include, but are not limited to, business parents, subsidiaries or other businesses with common ownership or management. Also, you must have an authorized individual complete and sign the attached IRS Form 8821 for each affiliate.
- If you are applying for physical damage, complete and sign the attached Verification of Business Property (SBA Form 739A).
- If your insurance covers all or a part of this loss (regardless of the current status of your claim), please provide the name and telephone number of your agent and/or claims adjuster. Also, include the policy number and the name of the insurance company.
- If you are applying for economic injury, please submit the attached SBA Form 1368, Additional Filing Requirements – Economic Injury Disaster Loan (EIDL).

**IF SBA APPROVES YOUR LOAN, WE MAY REQUIRE ADDITIONAL INFORMATION BEFORE LOAN CLOSING. WE WILL ADVISE YOU, IN WRITING, OF WHAT DOCUMENTS WE WILL NEED.**

|                           |   |
|---------------------------|---|
| 8. APPLICANT'S LEGAL NAME | 9. TELEPHONE NUMBER (including area code) |
| <input type="text"/>      | <input type="text"/>                      |

|   |                                    |
|---|------------------------------------|
| 10. TRADE NAME (if different from legal name) | 11. FEDERAL E.I.N. (if applicable) |
| <input type="text"/>                          | <input type="text"/>               |

12. MAILING ADDRESS

|                                     |                      |                      |                      |                      |
|-------------------------------------|----------------------|----------------------|----------------------|----------------------|
| Number, street, and/or P.O. Box No. | City                 | County               | State                | Zip                  |
| <input type="text"/>                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

13. DAMAGED PROPERTY ADDRESS(ES) (If you need more space, attach additional sheets.)

|                                |                      |                      |                      |                      |
|--------------------------------|----------------------|----------------------|----------------------|----------------------|
| Number, street, or rural route | City                 | County               | State                | Zip                  |
| <input type="text"/>           | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|  |                      |
|--|----------------------|
| 14. BUSINESS PROPERTY IS: <input type="checkbox"/> Owned <input type="checkbox"/> Leased | 15. TYPE OF BUSINESS |
| <input type="text"/>   | <input type="text"/> |

|  |                                |
|--|--------------------------------|
| 16. AMOUNT OF LOAN REQUEST<br>(if unknown enter a question mark) | 17. UNDER CURRENT MGMT. SINCE: |
| <input type="text"/>   | <input type="text"/>           |

|                               |                         |
|-------------------------------|-------------------------|
| 18. DATE BUSINESS ESTABLISHED | 19. NUMBER OF EMPLOYEES |
| <input type="text"/>          | <input type="text"/>    |

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

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Name                 | Title/Office         | % Owned              |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                         |                              |                      |                      |
|-------------------------|------------------------------|----------------------|----------------------|
| Social Security Number* | (Area Code) Telephone Number | Date of Birth*       | Place of Birth*      |
| <input type="text"/>    | <input type="text"/>         | <input type="text"/> | <input type="text"/> |

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Name                 | Title/Office         | % Owned              |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                         |                              |                      |                      |
|-------------------------|------------------------------|----------------------|----------------------|
| Social Security Number* | (Area Code) Telephone Number | Date of Birth*       | Place of Birth*      |
| <input type="text"/>    | <input type="text"/>         | <input type="text"/> | <input type="text"/> |

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

21. For each individual listed in Item 20, please respond to the following questions, providing dates and details.  
(If you need more space, attach additional sheets.)

- a. Has never been involved in bankruptcy or insolvency proceedings, except as stated: \_\_\_\_\_.
- b. Has no outstanding judgments, tax liens, or pending lawsuits against them, except as stated: \_\_\_\_\_.
- c. Has not been convicted of a criminal offense committed during and in connection with a riot or civil disorder, nor is such person or the applicant engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction, except as stated: \_\_\_\_\_.
- d. Has never had any Federal loans or Federally guaranteed loans, except as stated: \_\_\_\_\_.
- e. Is not delinquent on any Federal taxes, direct or guaranteed loans (SBA, FHA, VA, student, etc.), contracts, grants, or any child support payments, except as stated: \_\_\_\_\_.

22. No owner, owner's spouse or household member works for SBA, except: \_\_\_\_\_

23. Are any of the individuals listed in Item 20: (a) presently under indictment, on parole or probation, or have they been; (b) charged with or arrested for any criminal offense (including offenses which have been dismissed, discharged, or not prosecuted) other than a minor motor vehicle violation; or (c) convicted, placed on pretrial diversion, or placed on any form of probation including adjudication withheld pending probation for any criminal offense other than a minor motor vehicle violation?

YES       NO

24. If you are a sole proprietor, are you a U.S. citizen?       YES       NO

25. ORGANIZATION TYPE     Sole Proprietorship     Partnership     Limited Partnership  
    Corporation                     Nonprofit Organization     Other: \_\_\_\_\_

26. If anyone completes this application for you, whether you pay a fee for this service or not, that person must sign in the space below:

|  |                            |
|--|----------------------------|
| Name and address of representative (please print and sign) | Fee charged or agreed upon |
|--|----------------------------|

If my application is approved, I may be eligible for additional funds to cover the cost of mitigating measures. It is not necessary for the description and cost estimates to be submitted with the application. SBA approval of the mitigating measures will be required before any loan increase. By checking this box, I am interested in having SBA consider this increase.     

### AGREEMENTS AND CERTIFICATIONS

On behalf of the undersigned individually and for the applicant business:

I authorize my insurance company, bank, financial institution, or other creditors to release to SBA all records and information necessary to process this application.

You have my permission to release information in connection with this application to Federal, State, local, or private organizations that provide relief for disaster related purposes.

I will not exclude from participating in, or deny the benefits of, or otherwise subject to discrimination under any program or activity for which I receive Federal financial assistance from SBA, any person on grounds of age, color, handicap, marital status, national origin, race, religion or sex.

I 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 have not paid anyone connected with the Federal government for help in getting this loan.

All information in this application is true and complete to the best of my knowledge. All financial statements submitted with the application fully and accurately present the financial position of the business. I have not omitted any disclosures in these financial statements. This certification also applies to any financial statements submitted after this date. I understand that false statements may result in the forfeiture of benefits and possible prosecution by the U.S. Attorney General (reference 18 U.S.C. 1001 and/or 15 U.S.C. 645).

SIGNATURE       TITLE       DATE



8802/

Disaster

Request for Transcript of Tax Return

Form 4506-T (Rev. September 2015) 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.

1a Name shown on tax return. 1b First social security number on tax return. 2a If a joint return, enter spouse's name shown on tax return. 2b Second social security number or individual taxpayer identification number if joint tax return. 3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions). 4 Previous address shown on the last return filed if different from line 3 (see instructions). 5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

U.S. Small Business Administration Office of Disaster Assistance

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. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. 7 Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns.

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. 12 / 31 / 2015 12 / 31 / 2014 12 / 31 / 2013 / /

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. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. Note: For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here Signature (see instructions) Date Title (if line 1a above is a corporation, partnership, estate, or trust) Spouse's signature Date



413 D

OMB APPROVAL NO.: 3245-0188  
EXPIRATION DATE: 01/31/2018

PERSONAL FINANCIAL STATEMENT  
7(a) / 504 LOANS AND SURETY BONDS

U.S. SMALL BUSINESS ADMINISTRATION

As of \_\_\_\_\_, \_\_\_\_\_

SBA uses the information required by this Form 413 as one of a number of data sources in analyzing the repayment ability and creditworthiness of an application for an SBA guaranteed 7(a) or 504 loan or a guaranteed surety.

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan.

Return completed form to:

For 7(a) loans: the lender processing the application for SBA guaranty

For 504 loans: the Certified Development Company (CDC) processing the application for SBA guaranty

For Surety Bonds: the Surety Company or Agent processing the application for surety bond guaranty

Name

Business Phone

Home Address

Home Phone

City, State, & Zip Code

Business Name of Applicant

| ASSETS  |           | (Omit Cents) | LIABILITIES                                |           | (Omit Cents) |
|---|-----------|--------------|--|-----------|--------------|
| Cash on Hand & in banks.....                    | \$        | _____        | Accounts Payable.....                      | \$        | _____        |
| Savings Accounts.....                           | \$        | _____        | Notes Payable to Banks and Others.....     | \$        | _____        |
| IRA or Other Retirement Account.....            | \$        | _____        | (Describe in Section 2)                    |           |              |
| (Describe in Section 5)                         |           |              | Installment Account (Auto).....            | \$        | _____        |
| Accounts & Notes Receivable.....                | \$        | _____        | Mo. Payments \$ _____                      |           |              |
| (Describe in Section 5)                         |           |              | Installment Account (Other).....           | \$        | _____        |
| Life Insurance – Cash Surrender Value Only..... | \$        | _____        | Mo. Payments \$ _____                      |           |              |
| (Describe in Section 8)                         |           |              | Loan(s) Against Life Insurance.....        | \$        | _____        |
| Stocks and Bonds.....                           | \$        | _____        | Mortgages on Real Estate.....              | \$        | _____        |
| (Describe in Section 3)                         |           |              | (Describe in Section 4)                    |           |              |
| Real Estate.....                                | \$        | _____        | Unpaid Taxes.....                          | \$        | _____        |
| (Describe in Section 4)                         |           |              | (Describe in Section 6)                    |           |              |
| Automobiles.....                                | \$        | _____        | Other Liabilities.....                     | \$        | _____        |
| (Describe in Section 5, and include             |           |              | (Describe in Section 7)                    |           |              |
| Year/Make/Model)                                |           |              | Total Liabilities.....                     | \$        | 0            |
| Other Personal Property.....                    | \$        | _____        | Net Worth.....                             | \$        | 0            |
| (Describe in Section 5)                         |           |              |  |           |              |
| Other Assets.....                               | \$        | _____        |  |           |              |
| (Describe in Section 5)                         |           |              |  |           |              |
| <b>Total Assets</b>                             | <b>\$</b> | <b>0</b>     | <b>Total Liabilities &amp; Net Worth</b>   | <b>\$</b> | <b>0</b>     |
|   |           |              | <b>*Must equal total in assets column.</b> |           |              |

Section 1. Source of Income.

Contingent Liabilities

|                                     |    |       |                                       |    |       |
|-------------------------------------|----|-------|---------------------------------------|----|-------|
| Salary.....                         | \$ | _____ | As Endorser or Co-Maker.....          | \$ | _____ |
| Net Investment Income.....          | \$ | _____ | Legal Claims & Judgments.....         | \$ | _____ |
| Real Estate Income.....             | \$ | _____ | Provision for Federal Income Tax..... | \$ | _____ |
| Other Income (Describe below)*..... | \$ | _____ | Other Special Debt.....               | \$ | _____ |

Description of Other Income in Section 1.

|  |
|--|
|  |
|  |
|  |

\*Alimony or child support payments should not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.





It can be helpful to provide a financial forecast to illustrate what the income and expenses for the business will be during the period affected by the disaster until normal operations resume. This is not required.

This optional format is provided for your convenience.

| Period covered by this forecast. From | To |
|---------------------------------------|----|
| Net sales (receipts)                  |    |
| Less cost of goods sold               |    |
| Gross profit                          |    |
| Less expenses                         |    |
| Officers salaries                     |    |
| Employee wages                        |    |
| Advertising                           |    |
| Rent                                  |    |
| Utilities                             |    |
| Interest                              |    |
| Taxes                                 |    |
| Insurance                             |    |
| Other expenses                        |    |
| Total expenses                        |    |
| Net profit <Loss> before income taxes |    |

**PLEASE SUBMIT ANY ADDITIONAL NARRATIVE OR FINANCIAL INFORMATION  
YOU FEEL WILL HELP ESTABLISH YOUR ECONOMIC LOSS**

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Please note: The estimated burden for completing this form is 1 hour. You are not required to respond to any collection of information unless it displays a current valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration; Chief, AID; 409 3rd St., SW, Washington, DC 20416 and Desk Officer for the Small Business Administration; Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC 20503. OMB Approval (3245-0017). Please do not send forms to OMB.



**Section 2. Notes Payable to Banks and Others.** (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

| Names and Addresses of Noteholder(s) | Original Balance | Current Balance | Payment Amount | Frequency (monthly, etc.) | How Secured or Endorsed Type of Collateral |
|--------------------------------------|------------------|-----------------|----------------|---------------------------|--|
|                                      |                  |                 |                |                           |  |
|                                      |                  |                 |                |                           |  |
|                                      |                  |                 |                |                           |  |
|                                      |                  |                 |                |                           |  |
|                                      |                  |                 |                |                           |  |

**Section 3. Stocks and Bonds.** (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

| Number of Shares | Name of Securities | Cost | Market Value Quotation/Exchange | Date of Quotation/Exchange | Total Value |
|------------------|--------------------|------|---------------------------------|----------------------------|-------------|
|                  |                    |      |                                 |                            |             |
|                  |                    |      |                                 |                            |             |
|                  |                    |      |                                 |                            |             |
|                  |                    |      |                                 |                            |             |

**Section 4. Real Estate Owned.** (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

|  | Property A | Property B | Property C |
|--|------------|------------|------------|
| Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.) |            |            |            |
| Address  |            |            |            |
| Date Purchased   |            |            |            |
| Original Cost  |            |            |            |
| Present Market Value   |            |            |            |
| Name & Address of Mortgage Holder  |            |            |            |
| Mortgage Account Number  |            |            |            |
| Mortgage Balance   |            |            |            |
| Amount of Payment per Month/Year   |            |            |            |
| Status of Mortgage   |            |            |            |

**Section 5. Other Personal Property and Other Assets.** (Describe, and, if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and, if delinquent, describe delinquency.)

**Section 6. Unpaid Taxes.** (Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

**Section 7. Other Liabilities.** (Describe in detail.)

**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies – name of insurance company and Beneficiaries.)

I authorize the SBA/Lender/Surety Company to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

**CERTIFICATION:** (to be completed by each person submitting the information requested on this form)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders or Certified Development Companies or Surety Companies will rely on this information when making decisions regarding an application for a loan or a surety bond. I further certify that I have read the attached statements required by law and executive order.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

**NOTICE TO LOAN AND SURETY BOND APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:**

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan or surety bond application. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally-insured institution, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000. Additionally, false statements can lead to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729, and other administrative remedies including suspension and debarment.

**PLEASE NOTE:** The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance officer, paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.