

Economic Injury Disaster Loan-***SIMPLIFIED***

Your MS Small Business Development Center

We are HERE- We can HELP

Economic Injury Disaster Loans (EIDL)

We are working diligently to meet customer demand for the EIDL and make the process as user-friendly and easy as possible for you. As we make changes, we will have update periods where things will be in flux. While this is happening now, we still want to make sure you have a way to fill out and submit your application. If you are having issues accessing the website, try clearing your browsing data/cache. Also, as things are improved, we will update you accordingly with the new information.

SBA Disaster Loan Answers

Who Qualifies?

Where to Apply?

How to get a copy of the questions?

What is the loan process?

How soon will I get the money?

Do Independent Contractors Qualify?

What documents do I need to provide?

Economic Injury Disaster Loan-Simplified

Economic Injury Disaster Loans



WHAT TYPE OF BUSINESS CAN APPLY?

- manufacturers
- sports vendors
- owners of rental property
- restaurants
- retailers
- souvenir shops
- travel agencies
- hotels
- recreational facilities
- car dealerships
- doctor offices
- charter boats
- wholesalers
- plumbers, electricians
- private non-profits

Economic Injury Disaster Loans (EIDL)



What is the criteria for a loan approval?

Credit History-Applicants must have a credit history acceptable to SBA.

Repayment –SBA must determine that the applicant business has the ability to repay the SBA loan.

Eligibility-The applicant business must be physically located in a declared county and suffered working capital losses due to the declared disaster, not due to a downturn in the economy or other reasons

Economic Injury Disaster Loans (EIDL)



How can I use the loan funds?

These working capital loans may be used to pay fixed

- debts
- payroll
- Accounts payable
- Rent
- Utilities
- Other bills that could have been paid had the disaster not occurred.

The loans are not intended to replace lost sales or profits or for expansion.

Economic Injury Disaster Loans (EIDL)



How much can I borrow?

- Eligible entities may qualify for loans up to \$2million.
- The interest rates for this disaster are 3.75 percent for small businesses and 2.75 percent for nonprofit organizations with terms up to 30years.

Eligibility for these working capital loans are based on the size (must be a small business)and type of business and its financial resources.

Economic Injury Disaster Loans (EIDL)



What are the collateral requirements?

- Economic Injury Disaster Loans over \$25,000 require collateral.
- SBA takes real estate as collateral when it is available.
- SBA will not decline a loan for lack of collateral, but requires borrowers to pledge what is available

Economic Injury Disaster Loans (EIDL)



Approval requirements:

- Acceptable credit history
- SBA must determine that the business has the ability to repay
- Business must be physically located in the disaster declared county

EIDL Basic Terms:

- Loans up to \$2 million
- 3.75 for small businesses
- 2.75 for non-profits
- 30-year term

Register and receive application
booklet full of forms and
instructions at :
www.mssbdc.org



Download these forms prior to applying on line

1. Completed SBA loan application (SBA Form 5 or 5C).
2. Tax Information Authorization (IRS Form 4506T) for the applicant, principals and affiliates.
3. Complete copies of the most recent Federal Income Tax Return applicant and owners of more than 20%
4. Schedule of Liabilities (SBA Form 2202).
5. Personal Financial Statement (SBA Form 413D).
6. Supporting information (P-019)

Paper loan applications can be downloaded from www.sba.gov/disaster

* Although a paper application and forms are acceptable, filing electronically is easier, faster and more accurate.

Economic Injury Disaster Loans (EIDL)



MANDATORY: You must gather these items to complete your application..do it before you sign on....

- 1. Legal Business Name and Type (LLC, Corp.)**
- 2. Your Business EIN #**
- 3. Accountant Contact Information**
- 4. Business Insurance Agent Contact and policy number**
- 5. Most recent Federal Tax Return**
- 6. Year End Profit and Loss Statement**
- 7. A current year to date Profit and Loss Statement**
- 8. Financial forecast request**
- 9. Monthly breakdown of expenses (3 year history)**
- 10. Current Liabilities**




REGISTER on
our site and
request YOUR
Free
Application
Packet!

The following documents contain the SBA EIDL Application and supporting documentation. These need to be completed in order to upload and submit electronically to the SBA.

Finally, this packet contains an instructional step-by-step guide on uploading and submitting your completed application electronically to the SBA.

Please reach out to your local Mississippi SBDC counselor for further application assistance or visit our website at www.mssbdc.org.

[illegible]

|  U.S. Small Business Administration DISASTER BUSINESS LOAN APPLICATION | | OMB No. : 3245-0017 Expiration: 06/31/2021 | | | | | | |
|--|--|---|------------------------------|--|------------|------------|------------------------|------------------------|
| FOR SBA INTERNAL USE ONLY | | Date Received _____ Location _____ By _____ Filing Deadline Date _____ Filing Deadline Date _____ SBA Application Number _____ | | | | | | |
| Physical Declaration Number _____ | | | | | | | | |
| Economic Injury Declaration Number _____ | | | | | | | | |
| FEMA Registration Number _____ (if known) | | | | | | | | |
| 1. ARE YOU APPLYING FOR: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Physical Damage -- Indicate type of damage <input type="checkbox"/> Real Property <input type="checkbox"/> Business Contents <input type="checkbox"/> Economic Injury (EIDL) </div> <div style="width: 45%;"> <input type="checkbox"/> Military Reservist EIDL (MREIDL) <small>(complete the following)</small> * Name of Essential Employee _____ * Employee's Social Security Number _____ </div> </div> | | | | | | | | |
| <small>PLEASE PROVIDE ALL INFORMATION OR DOCUMENTATION REQUESTED IN THE ATTACHED FILING REQUIREMENTS.</small> <small>* For information about these questions, see the attached Statements Required by Laws and Executive Orders.</small> Apply online at https://disasterloan.sba.gov/ela/ OR send completed applications to: U.S. Small Business Administration, Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, Texas 76155 | | | | | | | | |
| 2. ORGANIZATION TYPE *Sole Proprietors should complete form 5C <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Entity <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ | | | | | | | | |
| 3. APPLICANT'S LEGAL NAME | | 4. FEDERAL E.I.N. (if applicable) | | | | | | |
| | | | | | | | | |
| 5. TRADE NAME (if different from legal name) | | 6. BUSINESS PHONE NUMBER (including area code) | | | | | | |
| | | | | | | | | |
| 7. MAILING ADDRESS <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Temp <input type="checkbox"/> Other _____ Number, Street, and/or Post Office Box City County State Zip | | | | | | | | |
| 8. DAMAGED PROPERTY ADDRESS(ES) <small>(If you need more space, attach additional sheets.)</small> <input type="checkbox"/> Same as mailing address BUSINESS PROPERTY IS: <input type="checkbox"/> Owned <input type="checkbox"/> Leased Number and Street Name City County State Zip | | | | | | | | |
| 9. PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) TO CONTACT FOR: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Loss Verification Inspection</th> <th style="width: 50%;">Information necessary to process the Application</th> </tr> <tr> <td>Name _____</td> <td>Name _____</td> </tr> <tr> <td>Telephone Number _____</td> <td>Telephone Number _____</td> </tr> </table> | | | Loss Verification Inspection | Information necessary to process the Application | Name _____ | Name _____ | Telephone Number _____ | Telephone Number _____ |
| Loss Verification Inspection | Information necessary to process the Application | | | | | | | |
| Name _____ | Name _____ | | | | | | | |
| Telephone Number _____ | Telephone Number _____ | | | | | | | |
| 10. ALTERNATE WAY TO CONTACT YOU <input type="checkbox"/> E-mail _____ <input type="checkbox"/> Other _____ | | | | | | | | |
| 11. BUSINESS ACTIVITY: | | 12. NUMBER OF EMPLOYEES (pre-disaster): | | | | | | |
| 13. DATE BUSINESS ESTABLISHED: | | 14. CURRENT MANAGEMENT SINCE: | | | | | | |
| 15. AMOUNT OF ESTIMATED LOSS: <input type="checkbox"/> Real Estate _____ <input type="checkbox"/> Inventory _____ <small>If unknown, enter a question mark</small> <input type="checkbox"/> Machinery & Equipment _____ <input type="checkbox"/> Leasehold Improvements _____ | | | | | | | | |
| 16. INSURANCE COVERAGE (IF ANY) <small>(If you need more space, attach additional sheets.)</small> Coverage Type: _____ Name of Insurance Company and Agent _____ | | | | | | | | |
| Phone Number of Insurance Agent _____ | | Policy Number _____ | | | | | | |

**1. SELECT ONLY THE
ECONOMIC INJURY
(EIDL)**

**3. Applicant:Business
Legal Name**

**10.Be SURE to provide
additional phone or email
address**

**15. Insert ? In 4 boxes,
they do not apply to
this loan**




If more than 2 owners, fill out additional copy of page 2



| 17. OWNERS (Individuals and businesses.) (If you need more space attach additional sheets.) | | | | Complete for each: 1) proprietor, or 2) limited partner who owns 20% or more interest and each general partner, or 3) stockholder or entity owning 20% or more voting stock. | |
|--|----------------|---|----------------------------------|--|--|
| Legal Name | | Title/Office | | % Owned | E-mail Address |
| SSN/EIN* | Marital Status | Date of Birth* | Place of Birth* | Telephone Number (area code) | US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mailing Address | | | City | State | Zip |
| Legal Name | | Title/Office | | % Owned | E-mail Address |
| SSN/EIN* | Marital Status | Date of Birth* | Place of Birth* | Telephone Number (area code) | US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mailing Address | | | City | State | Zip |
| * For information about these questions, see the attached Statements Required by Laws and Executive Orders. | | | | | |
| Business Entity Owner Name | | | EIN | Type of Business | % Ownership |
| Mailing Address | | | City | State | Zip Code |
| E-mail Address | | | | Phone | |
| 18. For the applicant business and each owner listed in item 17, please respond to the following questions, providing dates and details on any question answered YES (Attach an additional sheet for detailed responses). | | | | | |
| a. Has the business or a listed owner ever been involved in a bankruptcy or insolvency proceeding? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the business or a listed owner have any outstanding judgments, tax liens, or pending lawsuits against them? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. 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? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Has the business or a listed owner ever had or guaranteed a Federal loan or a Federally guaranteed loan? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Is the business or a listed owner delinquent on any Federal taxes, direct or guaranteed Federal loans (SBA, FHA, VA, student, etc.), Federal contracts, Federal grants, or any child support payments? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Does any owner, owner's spouse, or household member work for SBA or serve as a member of SBA's SCORE, ACE, or Advisory Council? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Is the applicant or any listed owner currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Regarding you or any joint applicant listed in item 17: | | | | | |
| 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: 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 judgement)? | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name: _____ | | | | | |
| 20. PHYSICAL DAMAGE LOANS ONLY. If your application is approved, you may be eligible for additional funds to cover the cost of mitigating measures (real property improvements or devices to minimize or protect against future damage from the same type of disaster event). It is not necessary for you to submit the description and cost estimates with the application. SBA must approve the mitigating measures before any loan increase. By checking this box, I am interested in having SBA consider this increase. <input type="checkbox"/> | | | | | |
| 21. If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below. | | | | | |
| Name and Address of Representative (please include the individual name and their company) | | | | | |
| (Signature of Individual) | | | (Print Individual Name) | | |
| (Name of Company) | | | Phone Number (include Area Code) | | |
| Street Address, City, State, Zip | | | Fee Charged or Agreed Upon | | |
| Unless the NO box is checked, I give permission for SBA to discuss any portion of this application with the representative listed above. NO <input type="checkbox"/> | | | | | |
| AGREEMENTS AND CERTIFICATIONS | | | | | |
| On behalf of the undersigned individually and for the applicant business: | | | | | |
| 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. | | | | | |
| 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. | | | | | |
| SIGNATURE | | TITLE | | DATE | |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |

FORM 5A is different..

THE FORM 5A is for Sole Proprietors- those who report their business on their personal tax return.

|  U. S. Small Business Administration DISASTER HOME / SOLE PROPRIETOR LOAN APPLICATION <small>SBA Internal Use Only:</small> | | <small>OMB No. : 3245-0018</small> <small>Expiration: 07/31/2021</small> | |
|--|--|---|--|
| SBA Application Number: <input type="text"/> | | FEMA Registration Number: <input type="text"/> | |
| Date Received: <input type="text"/> | | Location: <input type="text"/> | |
| Filing Deadline: <input type="text"/> | | Declaration Number: <input type="text"/> | |
| ARE YOU APPLYING FOR: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Sole Proprietor - Physical Damage <input type="checkbox"/> Sole Proprietor - Economic Injury | | | |
| INFORMATION ABOUT THE APPLICANT(S) | | | |
| Primary Applicant First Name <input type="text"/> Middle Name <input type="text"/> Last Name <input type="text"/> Suffix <input type="text"/> Social Security Number <input type="text"/> Date of Birth <input type="text"/> Household Size <input type="text"/> Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Not Married Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you an SBA Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Joint Applicant First Name <input type="text"/> Middle Name <input type="text"/> Last Name <input type="text"/> Suffix <input type="text"/> Social Security Number <input type="text"/> Date of Birth <input type="text"/> Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Not Married Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you an SBA Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| CONTACT INFORMATION | | | |
| Check your preferred method of contact: E-mail Address <input type="text"/> <input type="checkbox"/> Cell Phone <input type="text"/> <input type="checkbox"/> Home Phone <input type="text"/> <input type="checkbox"/> Work Phone <input type="text"/> <input type="checkbox"/> | | Check your preferred method of contact: E-mail Address <input type="text"/> <input type="checkbox"/> Cell Phone <input type="text"/> <input type="checkbox"/> Home Phone <input type="text"/> <input type="checkbox"/> Work Phone <input type="text"/> <input type="checkbox"/> | |
| Closest Relative Not Living With You: Name: <input type="text"/> Phone Number: <input type="text"/> | | | |
| DAMAGED PROPERTY ADDRESS additional damaged properties added in "additional comments" section | | | |
| Address <input type="text"/> City <input type="text"/> County <input type="text"/> State <input type="text"/> Zip <input type="text"/> Type of Damage: <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Property <input type="checkbox"/> Automobile | | | |
| MAILING ADDRESS if different than the damaged property address. | | | |
| Address <input type="text"/> City <input type="text"/> County <input type="text"/> State <input type="text"/> Zip <input type="text"/> | | | |
| INCOME INFORMATION | | DAMAGED PROPERTY INFORMATION | |
| Primary Applicant <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired Total Annual Income (before deductions) \$ <input type="text"/> Employer Name <input type="text"/> Employer Phone Number <input type="text"/> <small>Note: Include all recurring income from all sources such as employment, self-employment, part-time work, social security, retirement income, disability income, interest income, child support, alimony, etc.</small> Do not include one-time or non-recurring income. | | Do you own or rent this property? <input type="checkbox"/> Own <input type="checkbox"/> Rent Is this property your Primary Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please select from the list below: <input type="checkbox"/> Vacation/secondary home <input type="checkbox"/> I own the property but a family member/friend lives in the property <input type="checkbox"/> Rental/Business Property | |
| Joint Applicant <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired Total Annual Income (before deductions) \$ <input type="text"/> Employer Name <input type="text"/> Employer Phone Number <input type="text"/> <small>Note: Include all recurring income from all sources such as employment, self-employment, part-time work, social security, retirement income, disability income, interest income, child support, alimony, etc.</small> Do not include one-time or non-recurring income. Do not include items covered by Primary Applicant | | | |

Tax Return Request

Your need one of these forms for each owner owning 20% or more!

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

Disaster Request for Transcript of Tax Return

- 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. If a joint return, enter the name shown first. | 1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) |
| 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) | |
| 5a 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 | |
| 5b Customer file number (if applicable) (see instructions) | |

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. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days | <input type="checkbox"/> |
| 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. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days | <input type="checkbox"/> |
| c Record of Account , which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days | <input checked="" type="checkbox"/> |
| 7 Verification of Nonfiling , which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days | <input type="checkbox"/> |
| 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. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days | <input type="checkbox"/> |

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 | / | 2018 | 12 | / | 31 | / | 2017 | 12 | / | 31 | / | 2016 | / | / |
|----|---|----|---|------|----|---|----|---|------|----|---|----|---|------|---|---|

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:** This form must be received by IRS within 120 days of the signature date.

| | |
|--|---|
| <input type="checkbox"/> 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 _____ | |

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 37667N

Form **4506-T** (Rev. 9-2018)



Date of Schedule _____

SCHEDULE OF LIABILITIES
(Notes, Mortgages and Accounts Payable)



Revolving lines of Credit

Applicant's Name _____

| Name of Creditor | Original amount | Original date | Current balance | Current or Delinquent? | Maturity date | Payment amount (Month-Year) | How secured |
|------------------|-----------------|---------------|-----------------|------------------------|---------------|-----------------------------|-------------|
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Signed

Title

This form is provided for your convenience in responding to filing requirements in Item 2 on the application, SBA Form 5. You may use your own form if you prefer. The information contained in this schedule is a supplement to your balance sheet and should balance to the liabilities presented on that form.

**U.S. SMALL BUSINESS ADMINISTRATION
ECONOMIC INJURY DISASTER LOAN SUPPORTING INFORMATION**

The U.S. Small Business Administration Economic Injury Disaster Loan provides immediate working capital to eligible applicants. For expedited loan application processing, the business must have been operating for at least one year prior to the disaster. Eligibility for this disaster Loan must consider compensated from other sources to offset the economic injury. Other sources include but are not limited to: (1) grants or other reimbursement (including loans) from government agencies or private organizations, and (2) claims for civil liability against other individuals, organizations or governmental entities.

P-019
Expedited
Request

Was the business in operation one year prior to the disaster? ☐ Yes ☐ No

Gross Revenues for the twelve (12) month period prior to the disaster: \$

Cost of Goods Sold for the twelve (12) month period prior to the disaster: \$

Rental properties (residential and commercial) only.
Lost rents due to the disaster: \$

Compensation **from other sources** received as a result of the disaster (provide a brief description below) :

\$

\$

\$

SIZE STANDARD*:

SBA's size standards define whether a business concern is small and, therefore, eligible for an Economic Injury Disaster Loan.

I certify **all above information provided** and the size of the applicant business does not exceed the size standard for the industry in which the business is primarily engaged.

Signature and Title


Date

* SBA establishes size standards by industry under the North American Industry Classification System (NAICS)(<https://www.census.gov/eos/www/naics/>). Business size standards, by NAICS code, may be found at 13 CFR §121.201 (https://ecfr.io/Title-13/se13.1.121_1201).

ODA Form P-019 (03-2020)

Personal
Financial
info

You need one of
these forms for
each owner-
owning 20% or
more

|  PERSONAL FINANCIAL STATEMENT DISASTER PROGRAMS | | OMB APPROVAL NO. 3245-0188 EXPIRATION DATE: 03-31-2021 | |
|--|-----------------|---|----|
| U.S. SMALL BUSINESS ADMINISTRATION | | As of _____, _____ | |
| SBA uses the information required by SBA form 413D as one of a number of data sources in analyzing the repayment ability and creditworthiness of an application for an SBA disaster loan. 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: Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243 or FAX to 1-202-481-1505. | | | |
| Name | Business Phone | | |
| Residence Address | Residence Phone | | |
| City, State, & Zip Code | | | |
| Business Name of Applicant/Borrower | | | |
| 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 | \$ |
| (Complete Section 8) | | Loan on 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 - Total Present Value | \$ | Other Liabilities | \$ |
| (Describe in Section 5, and include Year/Make/Model) | | (Describe in Section 7) | |
| Other Personal Property | \$ | Total Liabilities | \$ |
| (Describe in Section 5) | | Net Worth | \$ |
| Other Assets | \$ | Total Liabilities and Net Worth | \$ |
| (Describe in Section 5) | | | |
| Total Assets | \$ | | |
| 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. | | | |
| | | | |
| <small>*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.</small> | | | |



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

| Name and Address 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 a 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.)

Page 2-3 of
financial
info



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

I authorize SBA 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 will rely on this information when making decisions regarding an application for a loan from SBA.

Signature _____ Date _____

Print Name _____ Social Security No. _____

Signature _____ Date _____

Print Name _____ Social Security No. _____

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

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.

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. If you have questions or comments concerning the burden estimate or any other aspect of this information collection, please contact: Director, Records Management Division, Small Business Administration, 409 Third Street, SW, Washington, D.C. 20416, and SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503.

PLEASE DO NOT SEND COMPLETED FORMS TO OMB.

Double check your forms, data and checklist

You are now ready to upload
your documents.....

Additional information to upload:

1. Most Recent Federal Tax Return
2. SBA Form 5
3. SBA Form 4506T
4. SBA Form 2202
5. SBA form 413D
6. SBA Form P-019
7. YOUR STORY or Explanation of Loss



Uploading and Submitting Your SBA Economic Injury Disaster Loan (EIDL)

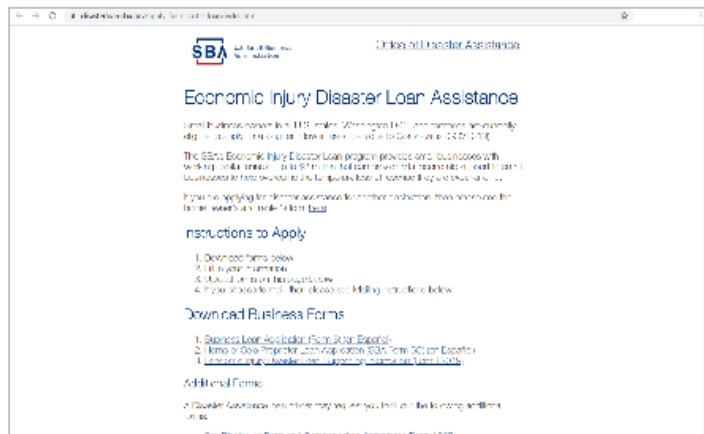
The following step-by-step instructional guide shows you how to navigate SBA's website in order to upload and submit your EIDL application electronically to the SBA.

Note: Prior to uploading and submitting, please ensure you have completed and signed your EIDL application and supporting documents. Once completed and signed, scan these documents and save to your computer as one PDF file.

Navigate to SBA's Disaster Loan Website

Go to: <https://disasterloan.sba.gov/apply-for-disaster-loan/index.html>


You should see the following page. **Note: All of the necessary documents required for submitting your EIDL Application are included in this packet.**



Scroll Down to Upload Business Forms

Upload Business Forms

Upload Your Loan Documents
Securely upload completed Disaster Applications



Drag and drop files
[Browse your device](#)


Before uploading, please be sure you trust this site, have the rights to the data, and want to share this content to the owner of this upload widget.
[View Box Terms of Service.](#)
[View Box Privacy Notice.](#)

box

Click Browse your device

Upload Business Forms

Upload Your Loan Documents
Securely upload completed Disaster Applications



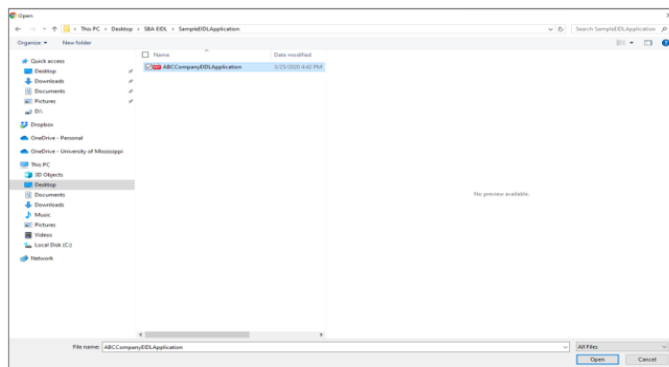
Drag and drop files
[Browse your device](#)

Before uploading, please be sure you trust this site, have the rights to the data, and want to share this content to the owner of this upload widget.
[View Box Terms of Service.](#)
[View Box Privacy Notice.](#)

box

Find Your File

Locate your scanned and saved PDF file and double click file OR click open. Below is an example.



Add Description and Email to Upload

Upload Business Forms

Upload Your Loan Documents

Securely upload completed Disaster Applications

File(s)

✓ ABCCompanyEIDLApplication.pdf 793.3 KB

Description

ABC Company's SBA EIDL Application. Please contact (662) 555-5555 or email for any questions! Thank you!

Your Email Address (required)

jsmith@abccompany.com

Cancel Upload

bax

FILING: TIMING, DELAYS AND ADDITIONAL FUNDS

- Submit Your Application As Soon As Possible
- Recheck the filing requirements to ensure that all the needed information is submitted.
- The biggest reason for delays in processing is due to missing information. Make sure to complete all filing requirements before submitting the application and forms.
- If MORE funds are needed, applicants can submit supporting documents and a request for an increase. If **LESS** funds are needed, applicants can request a reduction in the loan amount.



QUESTIONS?

- Janita Stewart, MS SBA State Director
- Rhonda Fisher, MS SBA Loan Director
- Nancy McKee, MS SBDC , North MS, MS Delta

Frequently Asked ?



POWERED BY



U.S. Small Business
Administration



[Disasterloan.sba.gov/ela](https://disasterloan.sba.gov/ela)

SBA Customer Service

1-800-659-2955

MS SBDC Assistance Requests

1-800-725-7232

Register for Assistance

www.mssbdc.org



U.S. Small Business
Administration



The Three Step Process: Disaster Loans

About Disaster Loans

The U. S. Small Business Administration (SBA) provides low-interest, long-term disaster loans to businesses of all sizes, private non-profit organizations, homeowners, and renters to repair or replace uninsured/underinsured disaster damaged property. SBA disaster loans offer an affordable way for individuals and businesses to recover from declared disasters.

STEP 1: Apply for Loan

- Apply: 1) online; 2) in-person at a disaster center; or 3) by mail.
- Apply online at the SBA's secure website disasterloan.sba.gov/ela.
- As a business of any size, you may borrow up to \$2 million for physical damage.
- As a small business, small agricultural cooperative, small business engaged in aquaculture, or private non-profit organization you may borrow up to \$2 million for Economic Injury.
- As a small business, you may apply for a maximum business loan (physical and EIDL) of \$2 million.
- As a homeowner you may borrow up to \$200,000 to repair/replace your disaster damaged primary residence.
- As a homeowner or renter, you may borrow up to \$40,000 to repair/replace damaged personal property.

STEP 2: Property Verified and Loan Processing Decision Made

- SBA reviews **your credit** before conducting an inspection to verify your losses.
- An SBA verifier will **estimate** the total physical loss to your disaster damaged property.
- A loan officer will determine your **eligibility** during processing, after reviewing any insurance or other recoveries. SBA can make a loan while your insurance recovery is pending.
- A loan officer works with you to provide all the necessary information needed to reach a loan determination. Our goal is to arrive at a decision on your application within 2 - 3 weeks.
- A loan officer will contact you to discuss the loan recommendation and your next steps. You will also be advised in writing of all loan decisions.

STEP 3: Loan Closed and Funds Disbursed

- SBA will prepare and send your Loan Closing Documents to you for your signature.
- Once we receive your signed Loan Closing Documents, an initial disbursement will be made to you within 5 days:
 - Physical damage:
 - \$25,000
 - Economic injury (working capital):
 - \$25,000 (In addition to the Physical damage disbursement)
- A case manager will be assigned to work with you to help you meet all loan conditions. They will also schedule subsequent disbursements until you receive the full loan amount.
- Your loan may be adjusted after closing due to your changing circumstances, such as increasing the loan for unexpected repair costs or reducing the loan due to additional insurance proceeds.

For more information or to find a local disaster center, contact SBA's Customer Service Center at 1-800-659-2955 (TTY: 1-800-877-8339).

sba.gov/disaster
August 2018 v1

Required Documentation

The following documents are required to process your application and reach a loan decision. Your Loan Officer and Case Manager will assist you to ensure that you submit the proper documentation. Approval decision and disbursement of loan funds is dependent on receipt of your documentation.

| BUSINESSES | HOMEOWNERS AND RENTERS |
|---|---|
| <ul style="list-style-type: none">• Business Loan Application (SBA Form 5) completed and signed by business applicant.• IRS Form 4506-T completed and signed by Applicant business, each principal owning 20% or more of the applicant business, each general partner or managing member and, for any owner who has more than a 50% ownership in an affiliate business. (Affiliates include business parent, subsidiaries, and/or businesses with common ownership or management).• Complete copies, including all schedules, of the most recent Federal income tax returns for the applicant business; an explanation if not available.• Personal Financial Statement (SBA Form 413) completed, signed and dated by the applicant (if a sole proprietorship), each principal owning 20% or more of the applicant business, each general partner or managing member.• Schedule of Liabilities listing all fixed debts (SBA Form 2202 may be used). <p>ADDITIONAL INFORMATION THAT MAY BE NECESSARY TO PROCESS YOUR APPLICATION:</p> <ul style="list-style-type: none">• Complete copies, including all schedules, of the most recent Federal income tax returns for each principal owning 20% or more of the applicant business, each general partner or managing member, and each affiliate when any owner has more than a 50% ownership in the affiliate business. Affiliates include, but are not limited to, business parents, subsidiaries, and/or other businesses with common ownership or management.• If the most recent Federal income tax return has not been filed, a year-end profit and loss statement and balance sheet for that tax year is acceptable.• A current year-to-date profit and loss statement.• Additional Filing Requirements (SBA Form 1368) providing monthly sales figures. | <ul style="list-style-type: none">• Home Loan Application (SBA Form 5c) completed and signed by Applicant and Co-Applicant.• IRS Form 4506-T completed and signed by Applicant and Co-Applicant. <p>APPLY FOR ASSISTANCE AT disasterloan.sba.gov/ela</p>  <p>Or Call 1-800-659-2955 (SBA Customer Service Center) 1-800-877-8339 (TTY: Deaf and Hard-of-Hearing)</p> |

For more information or to find a local disaster center, contact SBA's Customer Service Center at 1-800-659-2955 (TTY: 1-800-877-8339).

sba.gov/disaster