ESTIMATED DISASTER ECONOMIC INJURY WORKSHEET FOR BUSINESSES

This form is not required, but is a convenience in clarifying the supporting documentation the state is required to submit to the U.S. Small Business Administration when requesting an Economic Injury Disaster Loan Declaration. This information in any other format would also be acceptable. For your convenience, this form may be filled our electronically or manually.

Name of Business:			Type of Business:		
		Owner Deta	ils		
Last Name:	First Name:				
Work Phone:		_ Email:			
Home Phone:		Property Owner:			
		Business Owner Mail			
Address:					_
City:	State:	Zip Code:	County:		
		Business Street A	Address		
Address:					Same As Above
City:	State:	Zip Code:	County:		
		Estimated Adverse Eco	nomic Impact		
When did the impact star	t and what is the estimat	ed end date?	From:	То:	
What were your business	es' revenues during the a	affected damage period?	?		
What were your business	es' revenues during that	SAME period of the prior	or year?		
Amount of business inter Please provide a brief exp	•	•		iness:	
How many people did yo	u employ prior to disaste	er?	How many did you e	mploy after disaster: _	
	P	hysical Damage to Bus	iness Property		
If your business also suffe	red property damage, pl	ease answer the followir	ng questions:		
Estimated dollar loss to:	Real Property (Buildi	ng), if owned:			
		Contents *:		* - includes machinery furniture and fixtures, i – improvements, etc.	
Insurance recovery expec	cted or received for prop		Date Form Completed:		
Form Completed By:			Title:		