





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



#### 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**

Choos	se One:
O Ap	plicant is a business with not more than 500 employees.
O Ap	plicant is an individual who operates under a sole proprietorship, with or without employees, or as an independent contractor.
O Ap	plicant is a cooperative with not more than 500 employees.
O Ap	plicant is an Employee Stock Ownership Plan (ESOP), as defined in 15 U.S.C. 632, with not more than 500 employees.
O Ap	plicant is a tribal small business concern, as described in 15 U.S.C. 657a(b)(2)(C), with not more than 500 employees.
	plicant is a business, including an agricultural cooperative, aquaculture enterprise, nursery, or producer cooperative, that is small under SBA Size Standards found https://www.sba.gov/size-standards.
O Ap	plicant is a business with more than 500 employees that is small under SBA Size Standards found at https://www.sba.gov/size-standards.
	plicant 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 ctions 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 or
Applican	v and Check All of the Following:  It must review and check all the following (If Applicant is unable to check all of the following, Applicant is not an Eligible Entity):
	licant 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.
Арр	licant is not an agricultural enterprise (e.g., farm), other than an aquaculture enterprise, agricultural cooperative, or nursery.
	licant 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 rices, or the presentation of any depictions or displays, of a prurient sexual nature.
Арр	licant does not derive more than one-third of gross annual revenue from legal gambling activities.
Арр	licant is not in the business of lobbying.
Арр	licant cannot be a state, local, or municipal government entity and cannot be a member of Congress.
	e questions about this application or problems providing the required information, please contact our Customer Service Center at 1-800-659-2955 or (TTY: 1-800-87) sterCustomerService@sba.gov.
	Continue >

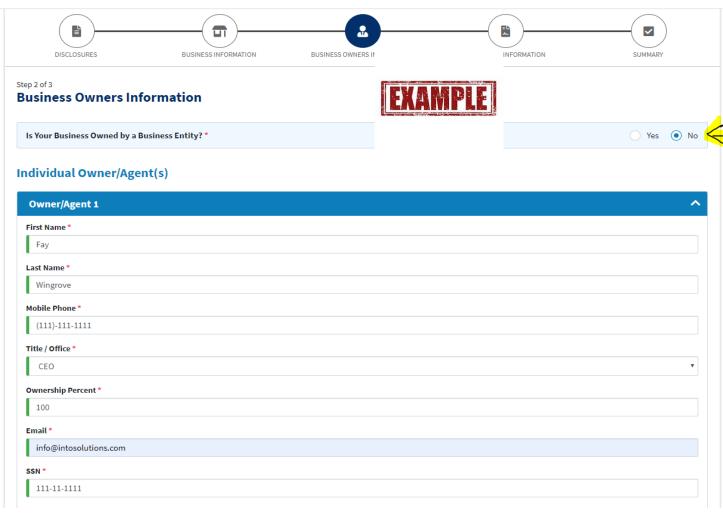
#### Step 1 of 3

### **Business Information**

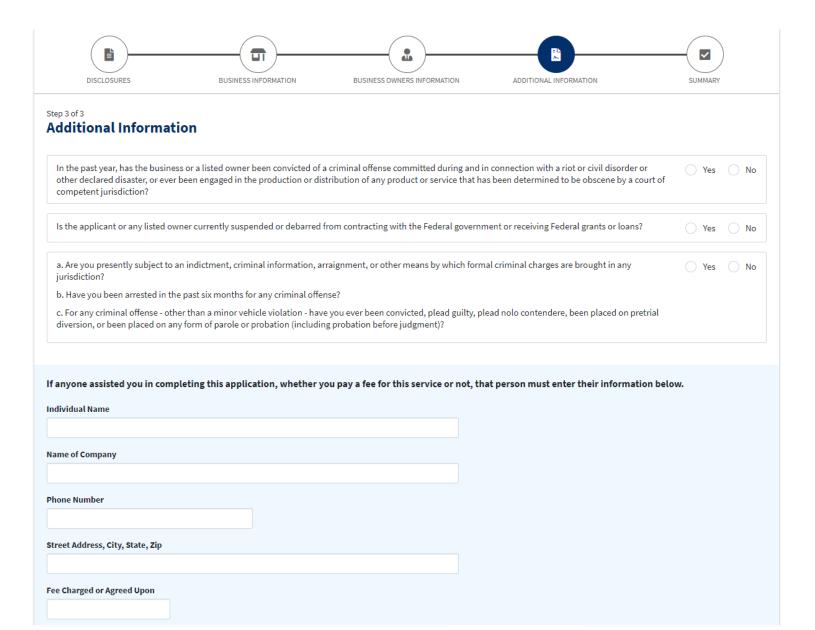


Business Legal Name *			
Innovative Solutions for Business LLC			
Trade Name *			
Innovative Solutions for Business LLC intosolutions.com			
EIN/SSN for Sole Proprietorship *			
11-1111111			
Organization Type*			
S-Corporation •			
Is the Applicant a Non-Profit Organization? *  Yes  No			
Is the Applicant a Franchise? *			
Yes   No			
Gross Revenues for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020)			
\$1,000,000			
Cost of Goods Sold for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020) *			
\$0			
Rental Properties (Residential and Commercial) Only - Lost Rents Due to the Disaster  SO			
Non-Profit Cost of Operation for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020)			
\$0			
Combined Annual Operating Expenses for the Twelve(12) Months Prior to the Date of the Disaster (January 31, 2020) for All Secular Social Services Provided by the Faith Based Entity			
\$0			
List the Secular Social Services Provided by the Faith Based Entity			
none			
Compensation From Other Sources Received as a Result of the Disaster			
\$0			
Provide Brief Description of Other Compensation Sources			
non			
Primary Business Address (Cannot be P.O. Box) *			
1210 South 10th St			
city*			
Sheboygan			
State *			
Wisconsin			
County			
WI			
Zip *			
53081			
Business Phone *			
(920)-457-8007			
Alternative Business Phone			
Business Fax			

+ business e-mail, Date established, Business Activity, Number of









I give permission for SBA to discuss any portion of this application with the representative listed above.	○ Yes ○ No		
$\square$ I would like to be considered for an advance of up to \$10,000.	EXAMPLE		
Where to Send Funds			
Bank Name *			
Account Number*			
Routing Number*			
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.

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

## Business Financial Info needed to complete the online application:

- 1) Gross Revenue 2/1/19 to 1/31/20
- 2) Cost of Goods Sold 2/1/19 to 1/31/20 (if any)
- 3) Number of Employees on 1/31/20
- 4) Lost Rent due to disaster (if any)

Tips:

If Continue, at bottom of page, does not work something is missing on the application.
See highlighted info on this form for helpful areas.

This Example was created for the purpose of helping you understand the application.

