

SBA Loans Complete Tutorial

Required/ Tools Needed:

1. SSN
2. Name
3. DOB
4. Address information.
5. Truthfinder / Whitepages
6. 911

Below are some of the shops you can buy SSN information:

1. Ssndob.cm
2. DobSsn.com
3. Or your Preferred Shop
4. The background checker (**Truthfinder / Whitepages**) helps you to bypass any verification questions

They are free background checkers online you can use, example: familytreenow.com etc, (to me the free background checker is cool but not better than Truthfinder / Whitepages)

IMPORTANT NOTICES

1. Make sure The IP should be the same throughout till you finish
2. Same sure you get the same state IP as the fullz you will be suing
3. Don't changes devices, example don't start with Phone and finish the application with PC (if PC use pc throughout)
4. Make sure the name on the Application you are failing is the same as the name on the bank account or the prepaid card to receive the money
5. Make sure the credit score of the SSN you will be using are High not low (Reason is that, they want to give loan to someone who can pay not someone who can't pay)

You can check your credit score here: www.credit.com/free-credit-score

SBA Loans Tutorial Method

1. You first need to visit SBA loan website: <https://www.sba.gov/disaster-assistance/coronavirus-covid-19>

2. Then scroll down and click on **APPLY HERE**

PROVISIONS OF 2020, AND THE EIDL ADVANCE DOES NOT HAVE TO BE REPAYED. RECIPIENTS WHO DO NOT HAVE TO BE APPROVED FOR AN EIDL LOAN TO RECEIVE THE EIDL ADVANCE, BUT THE AMOUNT OF THE LOAN ADVANCE IS DEDUCTED FROM TOTAL LOAN ELIGIBILITY.

Agricultural Businesses

The new eligibility for U.S. agricultural businesses with 500 or fewer employees is made possible as a result of new authority and additional funding appropriated by Congress in response to the COVID-19 pandemic.

Agricultural businesses includes those businesses engaged in the production of food and fiber, ranching, and raising of livestock, aquaculture, and all other farming and agricultural related industries (as defined by section 18(b) of the Small Business Act (15 U.S.C. 647(b)).

COVID-19 EIDL Loan Application **APPLY HERE**

Overview

The U.S. Small Business Administration is offering all states and territories low-interest federal disaster loans for working capital to small businesses and non-profit organizations of any size suffering substantial economic injury as a result of the Coronavirus (COVID-19).

PURPOSE	To meet financial obligations and operating expenses that could have been met had the disaster not occurred (amount of any EIDL Advance is forgiven)
PURPOSE	To meet financial obligations and operating expenses that could have been met had the disaster not occurred (amount of any EIDL Advance is forgiven)

3. In the **ELIGIBLE ENTITY VERIFICATION** section, Choose the option that says: ***(Applicant is an individual who operates under a sole proprietorship, with or without employees, or as an independent contractor.)***

ELIGIBLE ENTITY VERIFICATION

Choose One:

- Applicant is a business with not more than 500 employees.
- Applicant is an agricultural enterprise 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 (but excluding all other agricultural enterprises), with more than 500 employees 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.

4. Then in the **Review and Check all of the Following**, section, **check All the Boxes** like below:

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 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: 1-800-83339) DisasterCustomerService@sba.gov.

Continue >

5. Then **Click Continue**

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.
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- 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: 1-800-633-3339) DisasterCustomerService@sba.gov.



6. You will then be directed to the **Business Information Page** like below

COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION

Step 1 of 3
Business Information

Business Legal Name *
Your Client and Last Name Here

Trade Name *
Your Client and Last Name Here

EIN/SSN for Sole Proprietorship *
1/00 3357

Organization Type*
Sole Proprietorship

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) *
\$17,500

Cost of Goods Sold for the Twelve (12) Month Prior to the Date of the Disaster (January 31, 2020) *
\$65,200

Rental Properties (Residential and Commercial) Only - Lost Rents Due to the Disaster
\$44,000

NOW FOLLOW THE BELOW GUIDE TO FILL IN THE ABOVE PROCESS:

- In the **Business Legal Name** section, Type your client **First and Last Name** of the ssn info you're using There
- In the **Trade Name** section, Type your client **First and Last Name** of the ssn info you're using There

- Then in the **EIN/SSN for Sole Proprietorship**, Type your client **ssn** information here
- At the Organization Type section, **Choose Sole Proprietorship**
- In the "**Is the Applicant a Non-Profit Organization?**" **Check No Box**
- In the "**Is the Applicant a Franchise?**", Again, **Check No Box**
- In the "**Gross Revenues for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020)**" , Enter any amount from **\$167,00** upwards
- In the, "**Cost of Goods Sold for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020)**", Enter any amount from \$65, 00 upwards
- In the, "**Rental Properties (Residential and Commercial) Only - Lost Rents Due to the Disaster**" Enter any amount from **\$25, 00 to \$35,000** (*Don't go above 35,000*)

Leave the below sections empty:

- a. Non-Profit or Agricultural Enterprise Cost of Operation for the Twelve (12) Month Prior to the Date of the Disaster (January 31, 2020)
- b. Compensation from Other Sources Received as a Result of the Disaster
- c. Provide Brief Description of Other Compensation Sources

Non-Profit or Agricultural Enterprise Cost of Operation for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020)

Compensation From Other Sources Received as a Result of the Disaster

Provide Brief Description of Other Compensation Sources

- In the Primary Business Address section, enter the ssn address information here.
- In the Business Phone section, you can enter your text now number or google voice number here

Primary Business Address (Cannot be P.O. Box) *

315 montgomery st

City *

san francisco

State *

Minnesota

County

usa

Zip *

95113

Business Phone *

(610)-621-1299

Leave the below sections also empty

- a. Alternative Business Phone
- b. Business Fax

Alternative Business Phone

Business Fax

- Now in the Business Email Section, Create A new Gmail or Hotmail and put it here

Business Email *

- In The **date of Established, Current Ownership since**, can be set like below or earlier date

Date Business Established *

08/09/2018

Current Ownership Since *

08/09/2016

- In the **Business Activity Section**, Choose something related to sales, **business information or Retail**

Business Activity *

Retail

Detailed Business Activity*

Home Appliance Stores

- **Number of Employees (As of January 31, 2020)**, Enter any number between 10 to 18, This will make you eligible for big amount

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

➤ Then Click on Next

Alternative Business Phone

Business Fax

Business Email *

Date Business Established *

Current Ownership Since *

Business Activity *

Detailed Business Activity*

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

7. Is Your Business Owned by a Business Entity? Check the **No** Box



OMB Control #3245-0406
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

Step 2 of 3
Business Owners Information

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

8. In the **Individual Owner(s)** section, Fill in the information on the ssn you are using, follow the steps in the screenshot below for better understanding. But make sure Title/office = **Owner**, Ownership Percent: **100**

The screenshot shows a form titled "Owner 1" with the following fields and values:

- First Name ***: Your client and last name here
- Last Name ***: Your client and last name here
- Mobile Phone ***: (610)---
- Title / Office ***: Owner
- Ownership Percent ***: 100
- Email ***: @hotmail.com
- SSN ***: 148-98-1371
- Birth Date ***: 09/04/1985
- Place Of Birth**: Hospital
- U.S. Citizen ***: Yes No
- Residential Street Address ***: 315 montgomery
- City ***: minnesota
- State ***: Minnesota
- Zip ***: 55111

9. Then Click on **Next**

Email *
[redacted]

SSN *
[redacted]

Birth Date *
[redacted]

Place Of Birth *
[redacted]

U.S. Citizen *
 Yes No

Residential Street Address *
[redacted]

City *
[redacted]

State *
[redacted]

Zip *
[redacted]

[Add Additional Owner](#)

[Back](#) [Next](#)

10. In the Additional Information section, check the No boxes for all like the below image

SBA U.S. Small Business Administration

OMB Control #3245-0406
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

Step 3 of 3
Additional Information

In the past year, has the business or a listed owner been convicted of a felony 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. Within the last 5 years, for any felony, 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)? Yes No

11. Then leave this section empty.

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

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. Yes No

I give permission for SBA to discuss any portion of this application with the representative listed above. Yes No

12. This is section, you will write the account info of the account you want to receive the money into, you can use a prepaid card or a bank account, then Click on **Next**

Where to Send Funds

Bank Name *

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 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](#)

< Back

Next >

NOTE: Make sure the name on the Application is the same as the name on the account to receive the money or else they won't approve/ Pay

13. Now go through the information you submitted and see for the last time (Business info you filled)


BUSINESS INFORMATION


BUSINESS INFORMATION


BUSINESS INFORMATION


BUSINESS INFORMATION


BUSINESS INFORMATION

Summary

Business Information

 **EDIT**

Business Legal Name	Your Client and Last Name Here
Trade Name	Your Client and Last Name Here
DUNS (D-U-N-S) for Sole Proprietorship	123456789
Organization Type	Sole Proprietorship
Do You Apply as a Non-Profit Organization?	No
Do You Apply as a Franchise?	No
Gross Receipts for the Twelve (12) Month Prior to the Date of the Order (January 11, 2020)	\$17,500.00
Cost of Goods Sold for the Twelve (12) Month Prior to the Date of the Order (January 11, 2020)	\$65,200.00
Rental Properties (Residential and Commercial) Owned Month End to the Order (Non-Profit or Agricultural Enterprise Cost of Goods Sold for the Twelve (12) Month Prior to the Date of the Order (January 11, 2020)	\$40,000.00
Compensation from Other Sources (Franchise Fee Result of the Order) (Should Staff Description be Blank, Compensation Sources)	
Primary Business Address (Should be P.O. Box)	333 Westtoppeny rd
City	see location
State	Missouri
County	see
ZIP	65031
Business Phone	(616) 420-XXXX
Alternative Business Phone	
Business Fax	
Business Email	Johny.1234@business.com
Date Business Established	06/01/2016
Current Ownership Since	06/01/2016
Business Activity	Retail
Business Sub-Activity	Water Appliance Sales
Number of Employees (as of January 11, 2020)	14

Business Owners Information

Business Owners Information

Business Owner Name (Last, First, Middle Initial)	Johny
Business Owner Address	333 Westtoppeny rd
Business Owner City	see location
Business Owner State	Missouri
Business Owner County	see location
Business Owner ZIP	65031
Business Owner Phone	(616) 420-XXXX
Business Owner Email	Johny.1234@business.com
Business Owner Date Added	06/01/2016

14. Make sure they are all correct

Business Owners Information

[Edit](#)

Owner 1

First Name	Your client and last name here
Last Name	Your client and last name here
Mobile Phone	(601) 621 -
Title / Office	Owner
Email	1 - pro@pro.com
Ownership Percent	100%
SSN	
Birth Date	00/00/1900
Place Of Birth	ital
U.S. Citizen	Yes
Residential Street Address	115 montgomery
City	minnesota
State	Minnesota
Zip	55111

Additional Information

[Edit](#)

In the past year, has the business or a listed owner been convicted of a felony 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?	No
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? Within the last 5 years, for any felony, have you ever been convicted, plead guilty, plead notu 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	

15. Solve the **CAPTCHA** to prove you are not a robot then click **Next Button**

Owner 1	
First Name	Your client and last name here
Last Name	Your client and last name here
Mobile Phone	(810)-621
Title / Office	Owner
Email	@hotmail.com
Ownership Percent	100%
SSN	
Birth Date	09/04/1965
Place Of Birth	ital
U.S. Citizen	Yes
Residential Street Address	315 montgomery
City	minnesota
State	Minnesota
Zip	55111

Additional Information	
In the past year, has the business or a listed owner been convicted of a felony 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?	No
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. Within the last 5 years, for any felony, 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 (No State, Zip	

I'm not a robot

16. Application submitted, now wait for 12 hours - 72 hours.

SBA U.S. Small Business Administration

OMB Control #3245-0406
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

Application Submitted

Your application number is

You will not receive an email confirmation of your application submission. You will be notified through the email address you submitted () when we are processing your application.
Please write down your application number or print this page for your records.

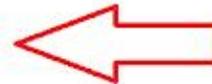
17. Then Check the mail you submitted during the registration process, in there you will be ask to review the amount to Receive.

18. Within the 12 hours - 72 hours you will receive a message from them in the email you created, then Click on **Create Account**

Create your SBA Economic Injury Disaster Loan Portal Account

Your SBA Application No. [REDACTED] is ready
for the next step. Create your SBA Economic
Injury Disaster Loan Portal account to provide
additional details or requested documents.

Create Account



19. After clicking on **Create Account**, It will open the below page, then you click on **Review and Accept the amount**, this is where you can edit the amount of money you are eligible for, so depending on the limit of the account or prepaid card you are using , change it to the bank or card limit

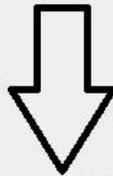


10/20/2020 10:58 AM

Your Quote

Status: **Eligible**

~~\$45,000~~
\$45,000



[Review and Accept the Amount](#)

KPOYAGAHACK

Status

You are eligible. Please review the loan amount

Steps to Complete

Verify Identity

Additional Information Needed

Continue

Electronic Disbursement

Completed

Electronic Disbursement

Continue

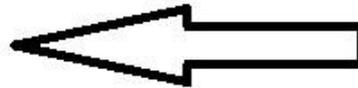
20. Then Click Continue to verify your identity

Steps to Complete

Verify Identity

Additional Information Needed

Continue



Electronic Disbursement

Completed

21. In here you will ask for background questions, that's where the likes of **Truthfinder** / **White pages** comes in, **You are to get 3 to 4 question correct**



LEAH R O'FARRELL LEAH
R O'FARRELL

Which of the following people do you know?

- BETHANY BASS
- KEITH QUIMBY
- STEVE CARMEN
- None of the above

What type of residence is 2109 MARGARITA SE DR?

- Townhome
- Apartment
- Single Family Residence
- None of the above

In which year were you born?

- 1984
- 1985
- 1986
- None of the above

In which county have you lived?

- SHERIDAN
- LAMOILLE
- SANDOVAL
- None of the above

None of the above

SANDOVAL

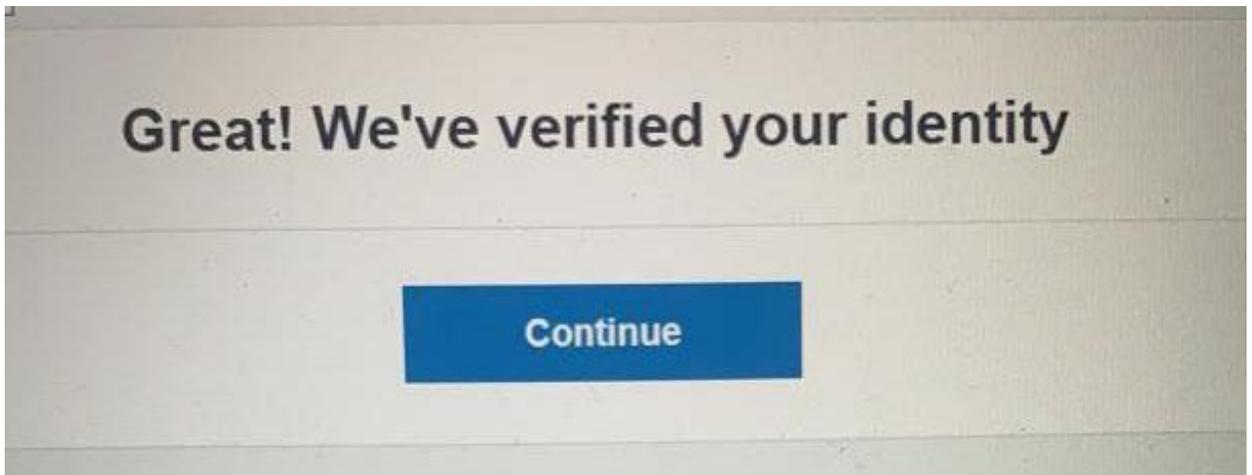
LAMOILLE

NOTE: SBA ALWAYS ASK THE SAME QUESTION, SO MAKE SURE YOU DO BACKGROUND CHECK OF THE SSN BEFORE ANSWERING THE QUESTION

Now this is how to answer the question

1. **Associated names or relatives:** You can get it from the background checking through whitepages or truthfinder
2. **The car type:** Select (None of the above)
3. **The date of birth:** every ssn info comes with Date of birth, so you shouldn't get this wrong
4. **The associated addresses or states:** You can get it from the background checking through whitepages or truthfinder

22. Now if you get 3 out 4 questions correct means you are good to go



23. If you get 2 or more wrongs out of the 4 questions then forget it, your identity can't be verified. The below screenshot is what you get when the answers are wrong



DEBORAH LEZETTE

Application #: 3312613872



We were not able to confirm your identity online. Don't worry, you can continue the application process.

Continue

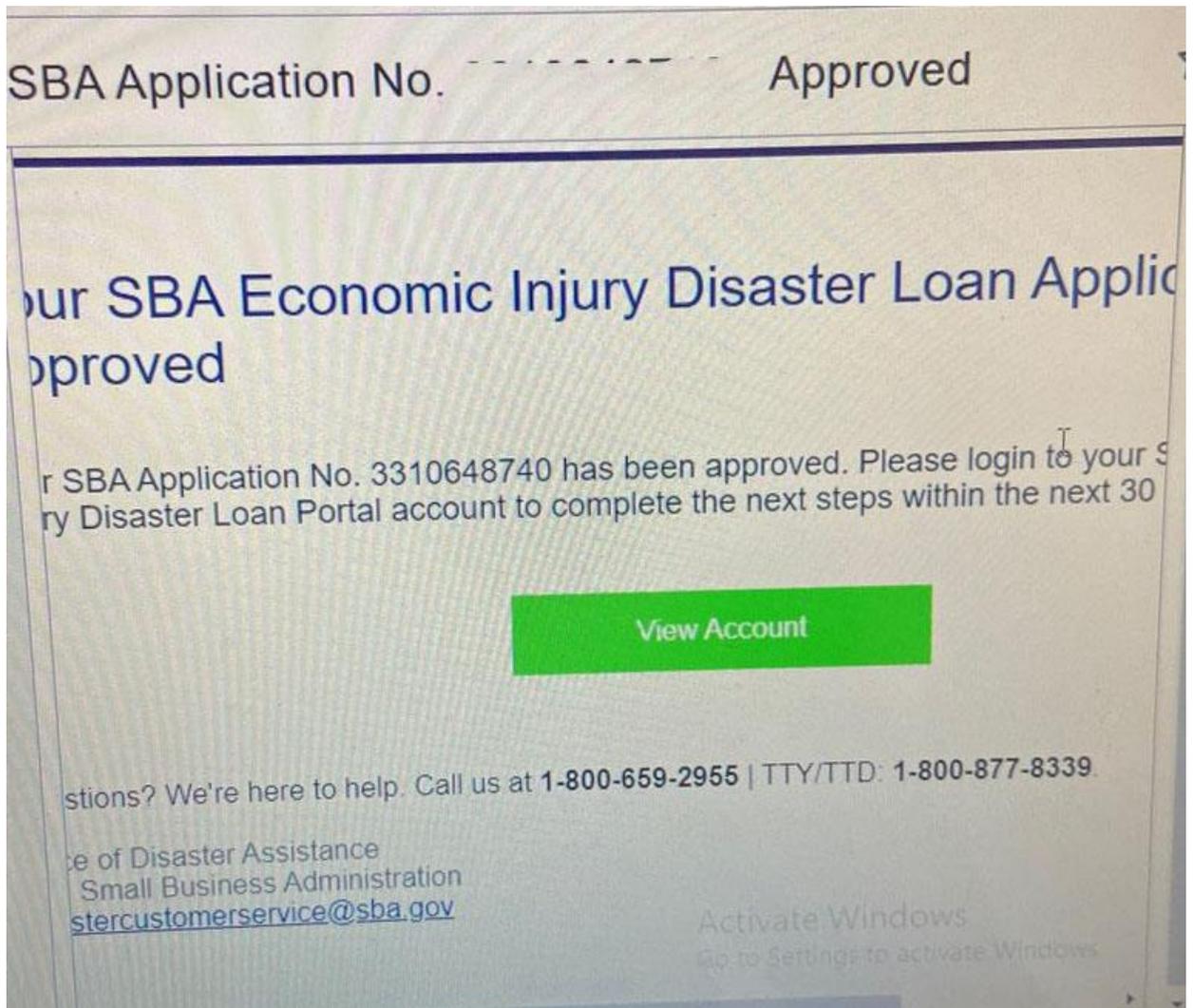
Questions?

Call 1-800-659-2955
TTY/TDD: 1-800-877-8339
Monday-Sunday, 8 a.m.-8 p.m. ET

Email the SBA



24. Once you get approved this what you see



Follow the below Steps if the ssn name does not match the account receiving the loan money.

Well in the, **important notices section** from the beginning, I said "Make sure the name on the Application you are filling is the same as the name on the bank account or the prepaid card to receive the loan money.

IMPORTANT NOTICES

1. Make sure The IP should be the same throughout till you finish
2. Same sure you get the same state IP as the fullz you will be suing
3. Don't changes devices, example don't start with Phone and finish the application with PC (if PC use pc throughout)
4. **Make sure the name on the Application you are failing is the same as the name on the bank account or the prepaid card to receive the money**
5. Make sure the credit score of the SSN you will be using are High not low (Reason is that, they want to give loan to someone who can pay not someone who can't pay)

Some bought their ssn or fullz because they don't have client for this job, all those victims should Use the ssn or the fullz they bought to create a PayPal account.

1. Visit www.paypal.com
2. Click on signup
3. Put in a U.S.A real phone to sign up (don't use app number) You can ask your friend to help you with his client phone number then use it.
4. Once you are done creating the PayPal with fullz or ssn info
5. Click on settings
6. Then click Direct Deposit
7. You will get the account and routing number information in the PayPal you used the ssn and fullz in creating
8. Once you have the **Direct Deposit** info with the same name as your ssn info. You can put that information in the **SECTION 12** where you will submit your account information , I mean here in the screenshot below:

Where to Send Funds

Bank Name *

Name of the financial institution

Account Number *

Account number

Routing 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 individual(s) 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, Menonite 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.

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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