## 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

Type of

Business:	Business:					
		Owner Deta	ails			
Last Name:	First Name:					
Work Phone:		Email:				
Home Phone:		Property Owner:				
		Business Owner Mail	ling Address			
Address:						
City:	State:	Zip Code:	County:	×		
		Business Street	Address			
Address:					Same As Above	
City:	State:	Zip Code:	County:			
		Estimated Adverse Eco	onomic Impact			
When did the impact start and what is the estimated end date? From:				То:		
What were your businesses	s' revenues during the a	affected damage period	?			
What were your businesses	s' revenues during that	SAME period of the prio	or year?			
Amount of business interru Please provide a brief expla			39 sees we see see	siness:		
How many people did you	employ prior to disaste	er?	How many did you	employ after disaste	er:	
	Р	hysical Damage to Bus	siness Property			
If your business also suffere	ed property damage, pl	ease answer the followi	ng questions:			
Estimated dollar loss to:	Real Property (Buildin	ng), if owned:				
	Contents *:			* - includes machinery and equipment, furniture and fixtures, inventory, leasehold improvements, etc.		
Insurance recovery expected or received for property damages:				Date Form Completed:		
Form Completed By:	Completed By: Title:					