

**Disaster Loan Assistance  
for Artists and Cultural Workers  
(Self-Employed/Independent Contractors)**

**Application  
Tutorial**



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

### 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

#### Choose One:

- Applicant is a business 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, that is small under SBA Size Standards found at <https://www.sba.gov/size-standards> (<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> (<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.

#### 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 is not an agricultural enterprise (e.g., farm), other than an aquaculture enterprise, agricultural cooperative, or nursery.
- 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: 1-800-877-8339) [DisasterCustomerService@sba.gov](mailto:DisasterCustomerService@sba.gov).

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SBA Office of Disaster Assistance | 1-800-659-2955 | 409 3rd St, SW, Washington, DC 20416  
[Privacy Policy \(https://www.sba.gov/about-sba/open-government/about-sbagov-website/privacy-policy\)](https://www.sba.gov/about-sba/open-government/about-sbagov-website/privacy-policy)



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SUMMARY

Step 1 of 3

### Business Information

**Business Legal Name \***

Your Name

**Trade Name \***

Your Name

**EIN/SSN for Sole Proprietorship \***

**Organization Type\***

Independent Contractor

**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) \***

The total made as an Independent Contractor

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

It depends per person but an approximation is ok (I suggest 2/3 of the total from above).

**Rental Properties (Residential and Commercial) Only - Lost Rents Due to the Disaster**

DO NOT FILL OUT

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

DO NOT FILL OUT

**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**

DO NOT FILL OUT

**List the Secular Social Services Provided by the Faith Based Entity**

DO NOT FILL OUT

**Compensation From Other Sources Received as a Result of the Disaster**

DO NOT FILL OUT

**Provide Brief Description of Other Compensation Sources**

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

**City \***

**State \***

**County**

**Zip \***

**Business Phone \***

**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) \***

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SUMMARY

Step 2 of 3

### Business Owners Information

Is Your Business Owned by a Business Entity? \*

Yes  No

### Individual Owner/Agent(s)

#### Owner/Agent 1



First Name \*

Your First Name

Last Name \*

Your Last Name

Mobile Phone \*

(000)-000-0000

Title / Office \*

Owner

Ownership Percent \*

100

Email \*

name@gmail.com

SSN \*

000-00-0000

Birth Date \*

01/01/1977

Place Of Birth \*

City and State

U.S. Citizen \*

Yes  No

Residential Street Address \*

HOME ADDRESS

City \*

Los Angeles

**State \***  
California

**Zip \***  
90022

+ Add Additional Owner

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Step 3 of 3

### Additional Information

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?

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. 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 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)?

**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**

DO NOT FILL OUT

**Name of Company**

DO NOT FILL OUT

**Phone Number**

DO NOT FILL OUT

**Street Address, City, State, Zip**

DO NOT FILL OUT

**Fee Charged or Agreed Upon**

DO NOT FILL OUT

I give permission for SBA to discuss any portion of this application with the representative listed above.

Yes  No

**I would like to be considered for an advance of up to \$10,000.**



## Where to Send Funds

Bank Name \*

**DON'T FORGET TO FILL THIS OUT**

Account Number \*

**DON'T FORGET TO FILL THIS OUT**

Routing Number \*

**DON'T FORGET TO FILL THIS OUT**

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](#)

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