

Economic Injury Disaster Loan Program (EIDL)

Please use the steps below to navigate the SBA website. The links within this document are NOT activated. You will need go access the website: <https://www.sba.gov/page/disaster-loan-applications> In order to complete all of the steps identified below.

The link will bring you to Page 1 of the website:

Economic Injury Disaster Loans and Loan Advance

START
HERE

To apply for a COVID-19 Economic Injury Disaster Loan, [click here](#).

In response to the Coronavirus (COVID-19) pandemic, small business owners in all U.S. states, Washington D.C., and territories are eligible to apply for an Economic Injury Disaster Loan advance of up to \$10,000. The SBA's Economic Injury Disaster Loan program provides small businesses with working capital loans of up to \$2 million that can provide vital economic support to small businesses to help overcome the temporary loss of revenue they are experiencing.

The loan advance will provide economic relief to businesses that are currently experiencing a temporary loss of revenue. Funds will be made available within three days of a successful application, and this loan advance will not have to be repaid.

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.

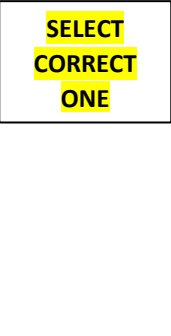
Please be advised that the Economic Injury Disaster Program is administered through the U.S. Small Business Administration (SBA) and you may not qualify based on program criteria. We cannot make any representations that the process outlined herein accurately reflects the most current procedures required by the SBA. Please contact the SBA through www.sba.gov for any questions.

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

SELECT
CORRECT
ONE



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>.
- 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.

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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):

CHECK ALL APPLICABLE

- 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.

CHECK ALL APPLICABLE

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.

CLICK HERE

Continue

COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION

Step 1 of 3

Business Information

Business Legal Name *

Enter your name if you do not have a business and operate as a sole proprietor

Trade Name *

MOST SALON PRO'S ARE SOLE PROPRIETORS. IF SO, ENTER SSN

EIN/SSN for Sole Proprietorship *

Organization Type *

Is the Applicant a Non-Profit Organization? *

- Yes
 No

MOST SHOULD CLICK "NO" TO NON-PROFIT

Is the Applicant a Franchise? *

- Yes
 No

FRANCHISE OWNERS SHOULD CLICK "YES"; SALON PROFESSIONALS SHOULD CLICK "NO"

Gross Revenues for the Twelve (12) Month Prior to the Date of the Disaster (January 31, 2020) *

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

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

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

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

CONSULT YOUR CPA FOR GUIDANCE

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List the Secular Social Services Provided by the Faith Based Entity

**MOST LIKELY
NOT
APPLICABLE**

Compensation from Other Sources Received as a Result of the Disaster

Provide Brief Description of Other Compensation Sources

**LIST AS
APPLICABLE**

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 *

**LIST AS
APPLICABLE**

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

Next

Click Here

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COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION

Step 2 of 3

Business Owners Information

Is Your Business Owned by a Business Entity? *

- Yes
 No

CHECK AS
APPLICABLE

BUSINESS APPLICANT PARENT ENTITY

Legal Name *

Street Address *

City *

State *

EIN *

ZIP *

Business Phone *

Business Email *

Business Type *

Ownership Percent *

MOST SALON PRO'S
WILL ONLY NEED TO
COMPLETE THE
INDIVIDUAL INFO
BELOW

If a Business Applicant is owned by a business entity, that business entity must provide information as part of this application and must sign a guarantee.

Individual Owner/Agent(s)

Owner/Agent 1

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First Name *

Last Name *

Mobile Phone *

Please enter a valid phone number. Format must be (XXX)-XXX-XXXX, all digits.

Title / Office *

Ownership Percent *

Please enter a valid ownership percent.

Email *

Please enter a valid email.

SSN *

Please enter a valid SSN. Format must be XXX-XX-XXXX, all digits.

Birth Date *

Place of Birth *

U.S. Citizen *

Yes

No

Residential Street Address *

City *

State *

Zip *

Please enter a valid Zip. Format must be XXXXX, all digits.

Owner/Agent 2

Add Additional Owner

**ONLY COMPLETE
IF APPLICABLE**

Next

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step 3 of 3
Additional Information

**It's important to answer
the questions below
truthfully**

In the past year, has the business or 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?
- (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 palaced on pretrial diversion, or been placed on any form of parole or probation (including probation before judgment)? __Yes__No

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

CLICK THIS BOX!

Where to Send Funds

Bank Name *

Account Number *

THIS IS THE SECOND GROUP OF NUMBERS AT THE BOTTOM OF YOUR CHECK

Routing Number *

THIS IS THE FIRST NUMBER AT THE BOTTOM OF YOUR CHECK

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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