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 Business: _____ **Type of Business:** _____

Owner Details

Last Name: _____ First Name: _____

Work Phone: _____ Email: _____

Home Phone: _____ Property Owner: _____

Business Owner Mailing Address

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Business Street Address

Address: _____ Same As Above ☐

City: _____ State: _____ Zip Code: _____ County: _____

Estimated Adverse Economic Impact

When did the impact start and what is the estimated end date? From: _____ To: _____

What were your businesses' revenues during the affected damage period? _____

What were your businesses' revenues during that **SAME** period of the prior year? _____

Amount of business interruption insurance received or anticipated, if any: _____

Please provide a brief explanation of what adverse economic effects the disaster had on your business:

How many people did you employ prior to disaster? _____ How many did you employ after disaster: _____

Physical Damage to Business Property

If your business also suffered property damage, please answer the following questions:

Estimated dollar loss to: Real Property (Building), 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: _____ Title: _____