

SBA DISASTER LOANS CHECKLIST

NY FILING REQUIREMENTS FOR HOUSES OF WORSHIP AND NON-PROFIT ORGANIZATIONS

NON-PROFIT ORGANIZATIONS

HOUSES OF WORSHIP

Note: Steps 1 and 2 are critical and should be submitted ASAP, even if you have not assembled the other information.

1. [SBA Disaster Business Loan Application](#)

Click on the above link for the paper form and mail it to:

*US Small Business Administration
Processing and Disbursement Center
14925 Kingsport Road
Fort Worth, TX 76155*

or fill it out online at: <https://disasterloan.sba.gov/ela/>.

This form is not difficult and the questions are straightforward. Comments by section:

1. Most organizations will apply for Physical Damage (both to real property and contents). Check of the appropriate boxes
2. Check off the Nonprofit Organization box.
9. The contacts in this section may be two different individuals. The person for the Loss Verification Section should be available onsite.
11. E.g., House of Worship, community center, school
13. This will be found on your Certificate of Incorporation
14. Enter "Does not apply"
15. Enter a "?"
17. Does not apply to nonprofits. Leave this section blank.
19. Does not apply to nonprofits. Leave this section blank
20. You may be eligible for loans that would mitigate future damage. Checking this box does not obligate you to anything, but allows you to make decisions later.

2. Complete and sign [IRS Form 8821](#)

Click on the above link for the paper form which authorizes the SBA to obtain your tax forms from the IRS. Most of the technical information is filled in and the [instruction sheet](#) is very clear. The SBA knows that most houses of worship do not file with the IRS, but they need you to fill out the form

3. Certificate or Articles of Incorporation

4. Bylaws

5. Charter

5. Church Charter

Applies only to organizations that are local operations of national organizations.

6. Board of Directors Resolution with Trustees approval to apply to SBA for a disaster loan

7. Complete name and address of all officers, trustees and directors

8.	Complete copies of the organization's three most recent nonprofit tax returns (e.g., IRS Form 990).	8.	Most houses of worship do not file any tax returns. Submit a copy of your NY Exempt Organization Exempt Purchase Certificate (ST-119.1), including your exempt organization number).
9.	Complete copies of the organization's most recent year's operating budget.		
10.	A current (dated within 90 days of application) balance sheet and statement of revenues and expenditures.		
11.	Organization affiliation (if any)	10.	Church affiliation (if any)
This applies to hierarchical organizations. Note if you are a constituent body of a parent organization.			
12.	Brief history of the organization	11.	Brief history of the house of worship



U. S. Small Business Administration DISASTER BUSINESS LOAN APPLICATION

OMB No. : 3245-0017
Expiration: 01/31/2015

FOR SBA INTERNAL USE ONLY

Date Received _____ Location _____ By _____

Physical Declaration Number

Filing Deadline Date

Economic Injury Declaration Number

Filing Deadline Date

FEMA Registration Number

SBA Application Number

(if known)

1. ARE YOU APPLYING FOR:

- Physical Damage** -- *Indicate type of damage*
- Real Property Business Contents
- Economic Injury (EIDL)**

Military Reservist EIDL (MREIDL)

(complete the following)

* Name of Essential Employee _____

* Employee's Social Security Number _____

PLEASE PROVIDE ALL INFORMATION OR DOCUMENTATION REQUESTED IN THE ATTACHED FILING REQUIREMENTS.

* For information about these questions, see the attached Statements Required by Laws and Executive Orders.

Apply online at <https://disasterloan.sba.gov/ela/> OR send completed applications to:

U.S. Small Business Administration, Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, Texas 76155

2. ORGANIZATION TYPE

- Sole Proprietorship Partnership Limited Partnership Limited Liability Entity
- Corporation Nonprofit Organization Trust Other: _____

3. APPLICANT'S LEGAL NAME

4. FEDERAL E.I.N. (if applicable)

5. TRADE NAME (if different from legal name)

6. BUSINESS PHONE NUMBER (including area code)

7. MAILING ADDRESS

- Business Home Temp Other: _____

Number, Street, and/or Post Office Box	City	County	State	Zip
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8. DAMAGED PROPERTY ADDRESS(ES)

(If you need more space, attach additional sheets.)

Same as mailing address

BUSINESS PROPERTY IS:

Owned Leased

Number and Street Name	City	County	State	Zip
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9. PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) TO CONTACT FOR:

Loss Verification Inspection	Information necessary to process the Application
Name	Name
Telephone Number	Telephone Number

10. ALTERNATE WAY TO CONTACT YOU

- Cell Number E-mail
- Fax Number Other

11. BUSINESS ACTIVITY:

12. NUMBER OF EMPLOYEES (pre-disaster):

13. DATE BUSINESS ESTABLISHED:

14. CURRENT MANAGEMENT SINCE:

15. AMOUNT OF ESTIMATED LOSS:

If unknown, enter a question mark

- Real Estate Inventory
- Machinery & Equipment Leasehold Improvements

16. INSURANCE COVERAGE (IF ANY)

(If you need more space, attach additional sheets.)

Coverage Type:

Name of Insurance Company and Agent

Phone Number of Insurance Agent

Policy Number

17. OWNERS (Individuals and businesses.) Complete for each: 1) proprietor, or 2) limited partner who owns 20% or more interest and each (If you need more space attach additional sheets.) general partner, or 3) stockholder or entity owning 20% or more voting stock.

Legal Name		Title/Office	% Owned	E-mail Address	
SSN/EIN*	Marital Status	Date of Birth*	Place of Birth*	Telephone Number (area code)	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address			City	State	Zip

Legal Name		Title/Office	% Owned	E-mail Address	
SSN/EIN*	Marital Status	Date of Birth*	Place of Birth*	Telephone Number (area code)	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address			City	State	Zip

* For information about these questions, see the attached Statements Required by Laws and Executive Orders.

Business Entity Owner Name		EIN	Type of Business	% Ownership
Mailing Address		City	State	Zip Code
E-mail Address			Phone	

18. For the applicant business and each owner listed in item 17, please respond to the following questions, providing dates and details on any question answered **YES** (Attach an additional sheet for detailed responses).

a. Has the business or a listed owner ever been involved in a bankruptcy or insolvency proceeding? Yes No

b. Does the business or a listed owner have any outstanding judgments, tax liens, or pending lawsuits against them? Yes No

c. Has the business or a listed owner ever been convicted of a criminal offense committed during and in connection with a riot or civil disorder 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

d. Has the business or a listed owner ever had or guaranteed a Federal loan or a Federally guaranteed loan? Yes No

e. Is the business or a listed owner delinquent on any Federal taxes, direct or guaranteed Federal loans (SBA, FHA, VA, student, etc.), Federal contracts, Federal grants, or any child support payments? Yes No

f. Does any owner, owner's spouse, or household member work for SBA or serve as a member of SBA's SCORE, ACE, or Advisory Council? Yes No

g. 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

19. Regarding you or any joint applicant listed in Item 17:

a) have you ever been or are you presently, under indictment or subject to a criminal investigation or have you otherwise been charged through a judicial process of having committed a crime; b) have you been arrested or arraigned in the past six months; c) have you ever been convicted, plead guilty to a crime, plead nolo contendere to a crime, placed on pretrial diversion, or placed on any form of parole or probation -- including adjudication withheld pending probation -- for an criminal offense other than a minor vehicle violation? Yes No If yes, Name: _____

20. PHYSICAL DAMAGE LOANS ONLY. If your application is approved, you may be eligible for additional funds to cover the cost of mitigating measures (real property improvements or devices to minimize or protect against future damage from the same type of disaster event). It is not necessary for you to submit the description and cost estimates with the application. SBA must approve the mitigating measures before any loan increase. **By checking this box, I am interested in having SBA consider this increase.**

21. If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below.

Name and Address of Representative (please include the individual name and their company)

(Signature of Individual) _____ (Print Individual Name)

(Name of Company) _____ Phone Number (include Area Code)

Street Address, City, State, Zip _____ Fee Charged or Agreed Upon

Unless the NO box is checked, I give permission for SBA to discuss any portion of this application with the representative listed above. NO

AGREEMENTS AND CERTIFICATIONS

On behalf of the undersigned individually and for the applicant business:

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.

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 Small Business Administration to verify my/our past and present employment information and salary history as needed to process and service my disaster loan.

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: Submitting false information to the Government can lead to criminal penalties and/or civil and administrative remedies against you. If you are prosecuted for submitting false information, you may be imprisoned for up to 30 years and/or fined up to \$250,000 under 18 U.S.C. § 1040 and other Federal statutes. The Government may also pursue a civil fraud case against you for three times the amount of your loan, and may exclude you from participating in Federal programs and contracts for submitting false information in-- or with -- your application or if you do not use the proceeds of the loan for the purpose(s) stated in your application and SBA's loan authorization.

SIGNATURE	TITLE	DATE
_____	_____	_____

Sign in Ink

Tax Information Authorization

OMB No. 1545-1165

For IRS Use Only

Received by: _____
 Name _____
 Telephone _____
 Function _____
 Date _____

▶ **Do not sign this form unless all applicable lines have been completed.**
 ▶ **Do not use this form to request a copy or transcript of your tax return.**
Instead, use Form 4506 or Form 4506-T.

1 Taxpayer information. Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print)	Taxpayer identification number
	Daytime telephone number
	Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 4. If you check this box, skip lines 5 and 6 . . . ▶

- 5 Disclosure of tax information** (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):
- a** If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ▶
- Note.** Appointees will no longer receive forms, publications and other related materials with the notices.
- b** If you do not want any copies of notices or communications sent to your appointee, check this box ▶

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you **must** attach a copy of any authorizations you want to remain in effect **and** check this box ▶

To revoke this tax information authorization, see the instructions on page 4.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.

▶ **IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

▶ **DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Signature	Signature
Date	Date
Print Name	Print Name
Title (if applicable)	Title (if applicable)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature