

**SOMERSET DISASTER RECOVERY
APPLICATION FOR BUSINESS ASSISTANCE**

Application # _____

Applicant Name:		
Co-Applicant Name:		
Business Name:		
Business Address:		
City:		Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Section 1 – Request for Financial Assistance		
Amount of funds requested?		
What would funds be used for?		
Section 2 - Business Information		
Describe your business:		
Describe the impact of Hurricane Sandy on your business:		
How long have you owned the business?		
How long has it been at this location?		
Was the current location where the business was at the time of the hurricane?		
Do you rent or own the building where your business is located?		
If you rent, describe your lease:		
How many employees do you currently have?		
Is your building located on a property in a floodplain?		

What year was your building built?
Do you have any outstanding loans for your business? Yes No If yes, what is balance owed: What is the name and address of the bank? Account?
Are there any other liens, judgments or debts against the business or the property if you own it? Yes No If yes, please explain and provide documentation:
Are you current with all local, county, state and federal taxes owed on the property? Yes No If no, please explain:
If you own the property, have there been any efforts to foreclose on your property? Yes No If yes, please explain:
Section 3 – Insurance Information
Were you carrying insurance on the property at the time of the hurricane? Yes No If yes, what type of insurance? <input type="checkbox"/> Hazard <input type="checkbox"/> Wind <input type="checkbox"/> Flood <input type="checkbox"/> Contents <input type="checkbox"/> Other If other, please explain:
Provide the name and address of the insurance company(s) and the policy number(s)?
Do you currently maintain insurance on the property? Yes No
Did you file an insurance claim? Yes No If no, why not?

Claim Amount Received:	Amount of Deductible
Purpose of Funds Received:	
<p>Are you involved in an appeal or a lawsuit against your insurance company? Yes No If yes, what is the status of this action:</p>	
Section 4 – FEMA Information	
<p>Did you register with the Federal Emergency Management Agency (FEMA)? Yes No</p>	
<p>Amount approved for structural damage to your building?</p>	
<p>Amount received to date?</p>	
<p>What is your FEMA registration number(s)?</p> <ol style="list-style-type: none"> 1. 2. 3. 	
Section 5 – SBA Information	
<p>Did you register with the Small Business Administration? (SBA) Yes No</p>	
<p>Were you offered an SBA loan? Yes No If yes, did you accept the loan? Yes No If no, explain why not:</p>	
<p>Loan amount approved for assistance?</p>	
<p>Loan amount received to date?</p>	
<p>What is your SBA Application number?</p>	
<p>What is your SBA Loan number?</p>	
Section 6 – Other Assistance	
<p>Did you receive any other assistance? Yes No If yes, please explain the amounts and sources:</p>	

**Section 7 – For sole proprietor business, complete the following information.
If not applicable, go to Section 9**

How many persons live in your household?

What is the marital status of applicant(s)?

List the Head of Household and all other persons living in the household. Indicate relationship to Head of Household.

Household Member Name	Relationship to Head of Household	Gender	Date of Birth	Social Security Numbers
1.	<i>Head of Household</i>			
2.				
3.				
4.				
5.				
6.				

Race of Head of Household:

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native Asian | <input type="checkbox"/> American Indian/Alaskan Native and White Asian and White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American and White Other Multi-Racial | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> American Indian/Alaskan Native and Black/African American and White | |

Ethnicity of Head of Household:

- | | |
|---|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Non-Hispanic or Latino |
|---|---|

Section 8 – For sole proprietor business, provide the following household information

List the income of applicant(s) and all persons in household over the age of 18 who are not full-time college students. Income includes wages, salaries and tips, alimony, child support, military income, TANF, Social Security, pensions, and other benefits.

Household Member Name	Sources of Income (include employer name)	Rate of Pay	Payment Basis (hourly, weekly, monthly, etc.)
1.			
2.			
3.			

4.			
5.			
6.			

Do you own any other real estate? Yes No If yes, please provide address(es):

List below any other household assets including bank information and property.

Type & Source of Asset	Cash Value of Asset	Annual Income from Asset
1.		
2.		
3.		
4.		
5.		
6.		

Section 9 – If applying on basis of job creation or retention, provide the following information

Job Creation :

How many full-time jobs will be created?

How many part-time jobs will be created? # hours each employee will work per week?

What would be the annual salary of persons hired?

Job Retention:

How many full-time jobs will be retained?

What is the annual salary of persons retained?

Section 10 – Previous Federal Assistance

To your knowledge, was federal assistance ever provided for this property or business? Yes No If yes, when? For what purpose?

If yes, was the purchase and maintenance of flood insurance a requirement? Yes No

If yes, did you continue to maintain flood insurance as required? Yes No

If no, please explain why it is no longer maintained:

If yes, was elevation of the structure required? Yes No
If no, please explain why elevation did not occur:

Applicant Certification

I/We understand that the information provided above is collected to determine if I/We are eligible to receive assistance under the federally funded Community Development Block Grant Disaster Recovery Program for my business resulting from the impact of Hurricane Sandy. I/We hereby certify that all the information provided herein is true and correct. I/We understand that providing false statements or information is grounds for termination of homeowner assistance and is punishable under federal law. I/We authorize the Somerset County Economic Development Commission and any duly authorized representatives to verify all information provided in this application. I/We understand that additional information will likely be required to move forward with this application for funding.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government including recipients who distribute federal funds.

I also understand that if my request for assistance is approved that this information will be shared with Somerset County, the State of Maryland and the U.S. Department of Housing and Urban Development.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

For Somerset County EDC Use Only:

Date Application Submitted:	Date Application Complete:
Date of Approval or Denial:	
Date Agreement Executed:	

**Somerset Disaster Recovery
Building Owner Agreement**

Owner: _____

Building Address: _____

Tenant: _____

I/We understand that my/our tenant has applied for financial assistance from the Somerset County Economic Development Commission through the federally funded Community Development Block Grant Disaster Recovery Program to make physical alterations to my/our building.

I/We agree that our tenant may make these improvements to the building if they are funded. If implemented, as these improvements will contribute to the value or increased value of my/our property, I/we agree not to increase the rent for the tenant for a five year period. This does not apply to rents increases that have been previously agreed to in an existing lease or other documentation.

Signature: _____

Date: _____

Signature: _____

Date: _____

Checklist of Required Documents

All applicable information must be submitted for an application to be determined to be complete. Attach all relevant documents.

- Copy of Property Deed or Lease (if renting space)
- If renting space:** Signed building owner agreement for permission to perform alterations
- Copy of current mortgage statement (if you own the building)
- Copy of documentation regarding other liens, judgments or debts (if applicable)
- Documentation related to foreclosure proceedings (if applicable)
- Copies of FEMA and/or SBA denials of funding
- Documentation of funding approvals from FEMA and/or SBA
- Documentation of insurance proceeds
- Copies of receipts for completed business repairs/or investment supporting FEMA/SBA or insurance proceeds
- Copy of the most recent real estate tax bill

If you qualify on income levels (not based on creation of jobs or retention) please submit the below documents for all persons in the household with the exception of minors and full time-college students:

- Current copies of checking and savings bank statements
- Current copy of Social Security or other monthly government income/benefits
- Current copy of pension statement
- Current copies of alimony or child support payments
- Copies of the last 3 years of income tax returns
- Copies of the last 3 months of pay stubs

If applying for business loan, please also attach the following documents:

- Executive summary briefly tells where your company is, where you want to take it, and why your business will be successful
- 3 year projection of how you see your income