U.S. SMALL BUSINESS ADMINISTRATION VERIFICATION OF BUSINESS PROPERTY				
This page to be completed by applicant (response is required for disaster assistance)				
Please complete items 1 through 10 and return with the application package.				
Name of applicant	2. Telephone No. Home: Business:	Show names property.	s of intersecting streets N	nearest damaged
4. Person to contact for appointment	5. Telephone No. Home: Business:			
6. Address of damaged property		w		E
7. Directions to damaged property			s	
To assist the Verification Department in addressing and estimating all areas of disaster related damage(s), place a check mark (x) in the corresponding box to identify area(s) of damage below. The areas below that are checked as damaged may require a list detailing the losses. 8. PERSONAL PROPERTY (Contents) No Damage Machinery & Equipment Applicant's Estimate of Loss Vehicles (A Copy of the current registration must be submitted.)				
Inventory Furniture/Fixtures/Supplies Applicant's Estimate of Loss Applicant's Estimate of Loss				
To assist the Verification Department in addressing and estimating all areas of disaster related damage(s), place a check mark (x) in the corresponding box to identify area(s) of damage below.				
9. REAL ESTATE	_			
No Damage Drivewa	y Foundation	Doors/Windows	Fixtures	Garage
Landscaping Sidewal	k Basement	Interior Walls	Electrical	Carport
Fence Parking	Lot Roof	Ceiling	Plumbing	Patio
Retaining Walls Steps	Exterior Walls	Floor Covering	Furnace	Storage
Soil Erosion Landing	Communication System	Floors	Air Condition	Building ning
Swimming Pool Porch	Security System		. 🔲	
10. <u>Applicant</u> : A Loss Verifier will be assigned to make contact with you or your designated representative and make arrangements to inspect the damaged property. The Loss Verifier will verify all disaster related damages. If you wish to make the Loss Verifier aware of any special conditions prior to the site visit, please use the space provided below. (continue on reverse if necessary)				
Applicant Signature and Date:				

PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a current valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration; Chief, AIB; 409 3rd St., SW, Washington DC 20416 and Desk Officer for the Small Business Administration; Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC 20503. OMB Approval (3245-0017). Please do not send forms to OMB.