

## WCEDA Small Business Fund Checklist

<u>Item</u>	<u>Date Received</u>
Application Fee of \$150.00	
Completed and Signed Loan Application	
Completed and Signed Loan Applicant Requirements Document	
Detailed Business Plan	
Cash Flow projections for 3 years after funding for start-up businesses and 1 year after funding for existing businesses	
Description of collateral including deeds and/or titles to proposed collateral	
Three Years of Tax Returns for all Principles and Business	
Affidavit of Tax Information Accuracy	
Personal Financial Statements for all principles owning more than 20%	
Copy of Business License	
Certificate of Existence from Secretary of State if a Corporation Secretary of State's Office: 304-558-8000	
Credit Report on all Principles of Company	
Release from Department of Tax and Revenue on Taxes	
Profit and Loss statement for December 31 of last calendar year and the most recent calendar quarter	
Balance Sheet as of December 31 of last calendar year and the most recent calendar quarter	
Detailed list of all existing <u>business</u> debts with creditor, payment amount and current balance	
FEMA Flood Hazard Determination	
<i>Approval/Denial by Wyoming County EDA Loan Committee</i>	

# Wyoming County Economic Development Authority Loan Application

## Personal Information

Page 1 of 2

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Business Information

Business Name: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Employer ID#: \_\_\_\_\_

Current # of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

# of Employees Expect in One Year: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Owners Name	SSN#	Percent of Ownership
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Business Names: \_\_\_\_\_

## Demographic Information

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish the information, we are required to note the race/national origin of the individual applicants on the basis of visual observation or surname.

Percentage of business owned by: Male \_\_\_\_\_ Female \_\_\_\_\_  
Ethnicity: Hispanic/Latino \_\_\_\_\_ Not Hispanic/Latino \_\_\_\_\_  
Ethnic Background: (Please Check One)  
White \_\_\_\_\_ Black/African American \_\_\_\_\_ Asian \_\_\_\_\_  
American Indian \_\_\_\_\_ Alaskan Native \_\_\_\_\_ Native Hawaiian \_\_\_\_\_  
Other Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of Discrimination may be filed with the Secretary of Agriculture, Washington DC, 20250.

Narrative Description of Request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Collateral List**

Collateral Description (Serial Number, Deed, etc.)	Approximate Value
_____	_____
_____	_____
_____	_____

**Funding Information**

Sources of Funding

Source 1	EDA _____	Amount	_____
Source 2	_____	Amount	_____
Source 3	_____	Amount	_____
Source 4	_____	Amount	_____
<i>Total Project Cost</i>			_____

Uses of Funds	Amount	
Land	_____	
Building	_____	
Construction	_____	
Leasehold Improvements	_____	
Machinery and Equipment	_____	
Inventory	_____	
Working Capital	_____	
Other	_____	
<i>Total</i>		_____

The information provided in this application for the Revolving Loan Fund is true and complete to the best of my/our knowledge. I/We understand that any false statements will be considered as cause for possible disqualification for my/our loan. You are hereby authorized to conduct an investigation on my/our personal history and/or credit and financial records employing investigation or credit agencies or bureaus of your choice, subject to the provisions of the Fair Credit Reporting Act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# WCEDA Loan Applicant Statement of Understanding

Please read each requirement, initial in the space provided next to the requirement, and sign at the bottom of the document.

- 1.) \_\_\_\_\_ I am required to provide the last 3 years of my personal and business tax returns.
- 2.) \_\_\_\_\_ I am required to get life insurance in the amount of the loan showing the Wyoming County Economic Development Authority (WCEDA) as the insurance beneficiary.
- 3.) \_\_\_\_\_ I am required to complete a business plan to the satisfaction of the loan officer.
- 4.) \_\_\_\_\_ I understand the application fee is not refundable even if I am denied the loan. (Application fee is based on loan funds used and can range from \$50 to \$250.)
- 5.) \_\_\_\_\_ I understand that the closing costs can exceed the stated closing cost for each loan fund if the complexity of the closing causes the legal fees to rise above the stated closing cost. I also understand that I will be required to pay the difference between the stated closing cost and the actual closing costs at closing. The stated closing cost is added to the loan amount.
- 6.) \_\_\_\_\_ I understand that the WCEDA will check with the State to make sure all taxes are current and if they are not I will not be eligible for a loan.
- 7.) \_\_\_\_\_ I understand that I will need to have \$1,000,000 in liability insurance if my business is a retail establishment.
- 8.) \_\_\_\_\_ I understand that I must accurately complete everything that is applicable on the loan checklist.
- 9.) \_\_\_\_\_ I understand that WCEDA's lending process requires review and approval from the WCEDA loan committee. The process can be slow depending on the complexity of the application and if approved by the WCEDA loan committee, I may not receive any money for one to two months depending on the loan fund being utilized.
- 10.) \_\_\_\_\_ I understand that I must personally guarantee that the loan will be paid back.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## Affidavit of Tax Information Accuracy

I, \_\_\_\_\_, hereby certify that the information on the tax returns submitted to the Wyoming County Economic Development Authority for the purpose of applying for a loan are accurate and are an exact copy of the tax forms submitted to the Internal Revenue Service. I understand false statements will be considered as cause for possible disqualification for my/our loan and possible prosecution.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

State of West Virginia

County of Wyoming County, to-wit,

This day appeared before me, the undersigned notary public, \_\_\_\_\_ who acknowledges under oath the signature above.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

My commission expires \_\_\_\_\_



**PERSONAL FINANCIAL STATEMENT**

U.S. SMALL BUSINESS ADMINISTRATION

As of \_\_\_\_\_, \_\_\_\_\_

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan. **Return completed form to:** 7(a) loans - to the lender processing the SBA application; 504 loans - to the Certified Development Company processing the SBA application; Disaster loans - to the Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243; and 8(a)/BD applicants who are *individuals claiming social and economic disadvantaged status and their spouses* - electronically at <http://www.sba.gov> or send hard copy with paper application to either of the two following offices:

8(a) BD only	Mail to the following address, if your firm is located in one of the states below:	Mail to the following address, if your firm is located in one of the states below:
	US Small Business Administration DPCE Central Office Duty Station Parkview Towers 1150 First Avenue 10th Floor, Suite 1001 King of Prussia, PA 19406	Small Business Administration Division of Program Certification and Eligibility 455 Market Street, 8th Floor San Francisco, CA 94105
	MA, ME, NH, CT, VT, RI, NY, PR (Puerto Rico), VI (US Virgin Islands), NJ, PA, MD, VA, WV, DC, DE, GA, AL, NC, SC, MS, FL, KY, TN	IL, OH, MI, IN, MN, WI, TX, NM, AR, LA, OK, MO, IA

Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Residence Address \_\_\_\_\_ Residence Phone \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_

Business Name of Applicant/Borrower \_\_\_\_\_

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks .....	\$	_____	Accounts Payable .....	\$	_____
Savings Accounts .....	\$	_____	Notes Payable to Banks and Others .....	\$	_____
IRA or Other Retirement Account .....	\$	_____	(Describe in Section 2)		
(Describe in Section 5)			Installment Account (Auto) .....	\$	_____
Accounts & Notes Receivable .....	\$	_____	Mo. Payments \$ _____		
(Describe in Section 5)			Installment Account (Other) .....	\$	_____
Life Insurance-Cash Surrender Value Only .....	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Loan on Life Insurance .....	\$	_____
Stocks and Bonds .....	\$	_____	Mortgages on Real Estate .....	\$	_____
(Describe in Section 3)			(Describe in Section 4)		
Real Estate .....	\$	_____	Unpaid Taxes .....	\$	_____
(Describe in Section 4)			(Describe in Section 6)		
Automobiles - Total Present Value .....	\$	_____	Other Liabilities .....	\$	_____
(Describe in Section 5, and include Year/Make/Model)			(Describe in Section 7)		
Other Personal Property .....	\$	_____	Total Liabilities .....	\$	_____
(Describe in Section 5)			Net Worth .....	\$	_____
Other Assets .....	\$	_____			
(Describe in Section 5)					
<b>Total</b>	\$	_____	<b>Total</b>	\$	_____

<b>Section 1. Source of Income</b>	<b>Contingent Liabilities</b>
Salary .....	As Endorser or Co-Maker .....
Net investment income .....	Legal Claims & Judgments .....
Real Estate income .....	Provision for Federal Income Tax .....
Other Income (Describe below)* .....	Other Special Debt .....

Description of Other Income in Section 1.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

**Section 2. Notes Payable to Banks and Others.** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

**Section 3. Stocks and Bonds.** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate Owned.** (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets.** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

**Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

**Section 7. Other Liabilities.** (Describe in detail.)

**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.  
**CERTIFICATION:** (to be completed by each person submitting the information requested on this form)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders, or Certified Development Companies will rely on this information when making decisions regarding an application for a loan from SBA or an SBA Participating Lender, or for participation in the SBA 8(a) Business Development (BD) program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

**NOTICE TO LOAN APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:**

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan. A false statement is punishable under 18 U.S.C. §§ 1001 and 3671 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than 30 years and/or a fine of not more than \$1,000,000.

**NOTICE TO APPLICANTS OR PARTICIPANTS IN THE 8(a) BD PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:**

Any person who misrepresents a business concern's status as an 8(a) Program participant or SDB concern, or makes any other false statement in order to influence the 8(a) certification or other review process in any way (e.g., annual review, eligibility review), shall be: (1) Subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) Subject to civil and administrative remedies, including suspension and debarment; and (4) Ineligible for participation in programs conducted under the authority of the Small Business Act.

**PLEASE NOTE:** The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3246-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.





**Wyoming County**  
**Economic Development Authority**  
P.O. Box 1828  
Pineville, WV 24874  
(304) 732-6707  
(304) 732-6963 Fax

### **CREDIT REPORT RELEASE**

I/we hereby authorize the Wyoming County EDA to obtain a copy of my/our personal credit report for the express purpose of analyzing my/our credit history as part of the process of assisting me/us in assessing potential eligibility for a business loan.

I/we further understand that I/we will not hold the Wyoming County EDA responsible in any way regarding their opinions on that eligibility or in the outcome of my/our loan request through financial institutions.

By signing below, I/we agree to the above conditions and further understand that the Wyoming County EDA will charge me/us \$50.00 for this service, and will deduct the \$50.00 payment from the application fee.

**Individual:**

**Co-Owner/Partner:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Authorization to Release Information

Name of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

City \_\_\_\_\_ State WV Zip Code \_\_\_\_\_

West Virginia Identification, SSN, FEIN, or Other \_\_\_\_\_

The above named taxpayer does hereby waive the confidentiality provisions of West Virginia Code §11-10-5d and/or §11-1A-23 to the following extent:

**1. Persons to whom information may be released:**

Name Christy Laxton Capacity Executive Director, Wyoming County EDA

Address PO Box 1828 Daytime Telephone (304) 732-6707

City Pineville State WV Zip Code 24874

**2. Effective period of this waiver**

Authorization terminates  month  day  year 2014

Until my liability for the delinquent tax or taxes checked in paragraph 3, below, is satisfied.

Other (explain)  
\_\_\_\_\_

**3. Taxes and/or credits to which this waiver applies:**

Clear all check boxes

	WV Code		WV Code
<input checked="" type="checkbox"/> Beer Barrel Tax	11-16	<input checked="" type="checkbox"/> Minimum Severance Tax on Coal	11-12B
<input checked="" type="checkbox"/> Business and Occupation Tax	11-13	<input checked="" type="checkbox"/> Motor Carrier Road Tax	11-14A
<input checked="" type="checkbox"/> Business Franchise Tax	11-23	<input checked="" type="checkbox"/> Personal Income Tax	11-21
<input checked="" type="checkbox"/> Business Registration Tax	11-12	<input checked="" type="checkbox"/> Property Taxes	
<input checked="" type="checkbox"/> Charitable Raffle Boards & Games	47-23	<input checked="" type="checkbox"/> Severance Tax	11-13A
<input checked="" type="checkbox"/> Consumer Sales and Service Tax	11-15	<input checked="" type="checkbox"/> Solid Waste Fee	20-5F
<input checked="" type="checkbox"/> Corporate License Tax	11-12C	<input checked="" type="checkbox"/> Soft Drink Tax	11-19
<input checked="" type="checkbox"/> Corporate Net Income Tax	11-24	<input checked="" type="checkbox"/> Strategic Research and Development Tax Credit	11-13R
<input checked="" type="checkbox"/> Economic Opportunity Tax Credit	11-13Q	<input checked="" type="checkbox"/> Telecommunications Tax	11-13B
<input checked="" type="checkbox"/> Employers Withholding Tax	11-10	<input checked="" type="checkbox"/> Tobacco Products Excise Tax	11-17
<input checked="" type="checkbox"/> Estate Tax	11-11	<input checked="" type="checkbox"/> Use Tax	11-15A
<input checked="" type="checkbox"/> Gasoline & Special Fuel Excise Tax	11-14	<input checked="" type="checkbox"/> Wine Liter Tax	60-8
<input checked="" type="checkbox"/> Health Care Provider Taxes	11-27	<input checked="" type="checkbox"/> All of the above applicable to the taxpayer	
<input checked="" type="checkbox"/> IFTA	11-14B	<input type="checkbox"/> Other Taxes (as listed below)	
<input checked="" type="checkbox"/> Manufacturing Investment Tax Credit	11-13S		

**4. Information to be released (describe specifically):**

Status of all tax obligations of all taxes responsible for

**5. Reason(s) why information is to be released:**

Applying to the Wyoming County EDA Loan Fund

This waiver will be effective only to the extent explained above and any other release of information is not permitted without additional authorization. Additionally, information will be released only to the extent the Tax Commissioner believes disclosure is necessary to comply with this Authorization to disclose information, and will not be disclosed to the extent the Tax Commissioner determines that disclosure would seriously impair administration of this State's tax laws.

This authorization must be signed by the taxpayer, or taxpayer's authorized representative, and the signature of the person signing the authorization must be notarized. Documentation of fiduciary relationships (e.g. Guardianship, POA, Trustee, Executrix) must be attached. Please note that original signatures are required. Faxed, photocopied or stamped signatures are unacceptable.

Authorization is for:

- release of personal income tax return(s); if jointly filed personal income tax return is requested, the authorization must be signed by either the husband or the wife.
- release of a return filed by a business that is a sole proprietorship, the authorization must be signed by the owner of the business or by an employee of the business, or other person, who is authorized to sign the authorization.
- a corporation, the authorization must be signed by its president, vice president, treasurer, assistant treasurer, chief accounting officer or other person duly authorized to sign the authorization.
- release of a return filed by a partnership, as defined for federal income tax purposes, the authorization must be signed by the managing partner, or tax matters partner, or any other partner or employee of the partnership authorized to sign the authorization.
- release of a return filed by a limited liability company, the authorization must be signed by the managing member, tax matters member, or any other member or employee of the limited liability company authorized to sign the authorization.
- a return filed by an estate or trust, the authorization must be signed by the executor or executrix of the estate, or the trustee of the trust.
- for information other than a tax return, the authorization must be signed by a person who could authorize release of taxpayer's tax return.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Capacity

\_\_\_\_\_  
Date

State of West Virginia

County of \_\_\_\_\_, to-wit,

This day appeared before me, the undersigned notary public, \_\_\_\_\_ who  
acknowledge under oath the signature above. Print Taxpayer's Name

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

My commission expires \_\_\_\_\_



**STANDARD FLOOD HAZARD DETERMINATION FORM INSTRUCTIONS  
PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this data collection is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0040) **NOTE: Please do not send your completed form to the above address.**

**SECTION 1**

1. **LENDER NAME:** Enter lender name and address.
2. **COLLATERAL (Building/Mobile Home/Personal Property) PROPERTY ADDRESS:** Enter property address for the insurable collateral. In rural areas, a postal address may not be sufficient to locate the property. In these cases, legal property descriptions may be used and may be attached to the form if space provided is insufficient.
3. **LENDER ID NO:** The lender funding the loan should identify itself as follows: FDIC-insured lenders should indicate their FDIC Insurance Certificate Number; Federally-insured credit unions should indicate their charter/insurance number; Farm Credit institutions should indicate their UNINUM number. Other lenders who fund loans sold to or securitized by FNMA or FHLMC should enter FNMA or FHLMC seller/service number.
4. **LOAN IDENTIFIER:** Optional. May be used by lenders to conform with their individual method of identifying loans.
5. **AMOUNT OF FLOOD INSURANCE REQUIRED:** Optional. The minimum federal requirement for this amount is the lesser of: the outstanding principal loan balance; the value of the improved property, mobile home and/or personal property used to secure the loan; or the maximum statutory limit of flood insurance coverage. Lenders may exceed the minimum federal requirements. National Flood Insurance Program (NFIP) policies do not provide coverage in excess of the value of the building/mobile home/personal property.

**SECTION 2**

**A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION**

1. **NFIP Community Name.** Enter the complete name of the community (as indicated on the NFIP map) in which the building or mobile home is located. Under the NFIP, a community is the political unit that has authority to adopt and enforce floodplain management regulations for the areas within its jurisdiction. A community may be any State or area or political subdivision thereof, or any Indian tribe or authorized tribal organization, or Alaska Native village or authorized native organization. (Examples: Brewer, City of, Washington, Borough of, Worcester, Township of, Baldwin County, Jefferson Parish) For a building or mobile home that may have been annexed by one community but is shown on another community's NFIP map, enter the Community Name for the community with land-use jurisdiction over the building or mobile home.
2. **County(ies).** Enter the name of the county or counties in which the community is located. For unincorporated areas of a county, enter "unincorporated areas." For independent cities, enter "independent city."
3. **State.** Enter the two-digit state abbreviation. (Examples: VA, TX, CA)
4. **NFIP Community Number.** Enter the 6-digit NFIP community number. This number can be determined by consulting the NFIP Community Status Book or can be found on the NFIP map; copies of either can be obtained from FEMA's Website <http://msc/fema.gov> or by calling 1-800-358-9616. If no NFIP Community Number exists for the community, enter "none."

**B. NFIP DATA AFFECTING BUILDING/MOBILE HOME**

The information in this section (excluding the LOMA/LOMR information) is obtained by reviewing the NFIP map on which the building/mobile home is located. The current NFIP map may be obtained from FEMA by calling 1-800-358-9616. Scanned copies of the NFIP maps can be viewed on FEMA's website at <http://msc.fema.gov>. Note that even when an NFIP map panel is not printed, it may be reflected on a community's NFIP map index with its proper number, date, and flood zone indicated; enter these data accordingly.

1. NFIP Map Number or Community-Panel Number. Enter the 11-digit number shown on the NFIP map that covers the building or mobile home. (Examples: 480214 0022C; 58103C0075F). Some older maps will have a 9-digit number (Example: 12345601A). Note that the first six digits will not match the NFIP Community Number when the sixth digit is a "C" or when one community has annexed land from another but the NFIP map has not yet been updated to reflect this annexation. When the sixth digit is a "C", the NFIP map is in countywide format and shows the flood hazards for the geographic areas of the county on one map, including flood hazards for incorporated communities and for any unincorporated county contained within the county's geographic limits. Such countywide maps will list an NFIP Map Number. For maps not in such countywide format, the NFIP will list a Community-Panel Number on each panel. If no NFIP map is in effect for the location of the building or mobile home, enter "none."

2. NFIP Map Panel Effective/Revised Date. Enter the map effective date or the map revised date shown on the NFIP map. (Example: 6/15/93) This will be the latest of all dates shown on the map.

3. LOMA/LOMR. If a Letter of Map Amendment (LOMA) or Letter of Map Revision (LOMR) has been issued by FEMA since the current Map Panel Effective/Revised Date that revises the flood hazards affecting the building or mobile home, check "yes" and specify the date of the letter; otherwise, no entry is required. Information on LOMAs and LOMRs is available from the following sources:

\* The community's official copy of its NFIP map should have a copy of all subsequently-issued LOMAs and LOMRs attached to it.

\* For LOMAs and LOMRs issued on or after October 1, 1994, FEMA publishes a list of these letters twice a year as a compendium in the Federal Register. This information is also available on FEMA's website at <http://msc.fema.gov>.

\* A subscription service providing digitized copies of these letters on CD-ROM is also available by calling 1-800-358-9616.

4. Flood Zone. Enter the flood zone(s) covering the building or mobile home. (Examples: A, AE, A4, AR, AR/A, AR/AE, AR/AO, V, VE, V12, AH, AO, B, C, X, D) If any part of the building or mobile home is within the Special Flood Hazard Area (SFHA), the entire building or mobile home is considered to be in the SFHA. All flood zones beginning with the letter "A" or "V" are considered Special Flood Hazard Areas (SFHAs). Each flood zone is defined in the legend of the NFIP map on which it appears. If there is no NFIP map for the subject area, enter "none."

5. No NFIP Map. If no NFIP map covers the area where the building or mobile home is located, check this box.

C. FEDERAL FLOOD INSURANCE AVAILABILITY. Check all boxes that apply; however, note that boxes 1 (Federal Flood Insurance is available ...) and 2 (Federal Flood Insurance is not available ...) are mutually exclusive. Federal flood insurance is available to all residents of a community that participates in the NFIP. Community participation status can be determined by consulting the NFIP Community Status Book, which is available from FEMA and at <http://msc.fema.gov>. The NFIP Community Status Book will indicate whether or not the community is participating in the NFIP and whether participation is in the Emergency or Regular Program. If the community participates in the NFIP, check either Regular Program or Emergency Program. To obtain Federal flood insurance, a copy of this completed form may be provided to an insurance agent.

Federal flood insurance is prohibited in designated Coastal Barrier Resources Areas (CBRA) and Otherwise Protected Areas (OPAs) for buildings or mobile homes built or substantially improved after the date of the CBRA or OPA designation. Information about the Coastal Barrier Resources System may be obtained on FEMA's website at <http://www.fema.gov/nfip/cobra.shtml>.

D. DETERMINATION. If any portion of the building/mobile home is in an identified Special Flood Hazard Area (SFHA), check yes (flood insurance is required). If no portion of the building/mobile home is in an identified SFHA, check no. If no NFIP map exists for the community, check no. If no NFIP map exists, Section B5 should also be checked.

E. COMMENTS. Optional.

F. PREPARER'S INFORMATION. If other than the lender, enter the name, address, and telephone number of the company or organization performing the flood hazard determination. An individual's name may be included, but is not required.

Date of Determination. Enter date on which flood hazard determination was completed.

MULTIPLE BUILDINGS: If the loan collateral includes more than one building, a schedule for the additional buildings/mobile homes indicating the determination for each may be attached. Otherwise, a separate form must be completed for each building or mobile home. Any attachments should be noted in the comment section. A separate flood insurance policy is required for each building or mobile home.

GUARANTEES REGARDING INFORMATION: Determinations on this form made by persons other than the lender are acceptable only to the extent that the accuracy of the information is guaranteed.

FORM AVAILABILITY: Copies of this form are available from the FEMA fax-on-demand line by calling (202) 646-FEMA and requesting form #23103. Guidance on using the form in a printed, computerized, or electronic format is contained in form #23110. This information is also available on FEMA's website <http://www.fema.gov/nfip/sfhform.shtml>.

PURPOSE OF FORM: In accordance with P.L. 103-325, Sec. 1365, (b) (1), this form has been designated to facilitate compliance with the flood insurance purchase requirements of the National Flood Insurance Reform Act of 1994.