



U.S. SMALL BUSINESS ADMINISTRATION
 Covid EIDL Servicing Center
 11925 Kingsport Rd
 Fort Worth, Texas 76155

(833) 853-5638
 for Relay
 Service Dial
 7-1-1

Application for Hardship Accommodation

(Business with COVID EIDL)

Date:

1. BUSINESS NAME (as listed on the SBA Loan):
2. SELECT BUSINESS TYPE:
3. SBA LOAN NUMBER:

4. IS THE BUSINESS CURRENTLY OPERATIONAL?

YES - List the State(s) in which the Business is registered to operate:

PERMANENTLY CLOSED - Provide the Business Dissolution Paperwork or Final Tax Returns

TEMPORARILY CLOSED
 ANTICIPATED REOPEN DATE

5. PROVIDE A DETAILED DESCRIPTION OF THE NEED FOR A HARDSHIP ACCOMMODATION:

6. PROVIDE A LISTING OF ALL OWNERS INCLUDING THE PERCENTAGE OWNERSHIP OF EACH. (If you have changed ownership since origination, it must be approved by the SBA before submitting this application. Please request a Change in Ownership Application.)

- | | | | |
|-------------------------|----------------------|-------------------------|----------------------|
| a. <input type="text"/> | <input type="text"/> | c. <input type="text"/> | <input type="text"/> |
| b. <input type="text"/> | <input type="text"/> | d. <input type="text"/> | <input type="text"/> |

7. SEND THE FOLLOWING TO COVIDEIDLservicing@sba.gov. ALL DOCUMENTS ARE REQUIRED. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

- Application for Hardship Accommodation (with COVID EIDL) (this form)
- If the business is permanently closed, provide **Dissolution Paperwork** or **Final Tax Returns** (Not required for loan amount less than \$200,000)
- Current **Year to Date Profit and Loss Statement** of the business (Not required for loan amount less than \$200,000)

Terms if approved: Please select the applicable terms for this Hardship Request

- First and Second Hardship:** You are required to pay a minimum of **10% of your monthly payment amount for 6 months.**
 - Third Hardship:** You are required to pay a minimum of **50% of your monthly payment amount for 6 months.**
 - Fourth Hardship:** You are required to pay a minimum of **75% your monthly payment amount for 6 months.**
- You may choose to make payments larger than the minimum. Your regular payment amount will resume and be required after the 6- month period, unless further additional hardship accommodations are obtained.

ALL owners/guarantors must sign below. By signing below, the borrower and guarantors (if any) consent to this Request for Hardship Accommodation, acknowledge responsibility for repayment of the debt owed SBA without defenses, and acknowledge, if approved for Hardship Accommodation, that interest continues to accrue at a daily rate during the accommodation period and the accommodation will increase the balloon payment required to pay off the loan at maturity.

NAME OF OWNER(S)/GUARANTORS(S)

SIGNATURE OF OWNER(S)/GUARANTOR(S) / DATE

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SIGNATURE OF OWNER(S)/GUARANTOR(S) / DATE

Use Additional Owner(s)/Principal(s) Signatures Form if Needed.