

**Start-Up Business Economic Loss Sworn Written Statement from Financial Institution or Lender**

If you need more space to complete this Sworn Written Statement, attach the additional pages and they will be incorporated into this document.

**A. FINANCIAL INSTITUTION OR LENDER INFORMATION**

<b>Business Name:</b>	Name of Business		
<b>Business Address:</b>	Street		
	City	State	Zip Code
<b>Business Telephone Number:</b>	(       )           -		
<b>Social Security Number:</b> <i>or</i> <b>Individual Taxpayer Identification Number:</b> <i>or</i> <b>Employer Identification Number:</b>	SSN or ITIN           -           -                           EIN           -		
<b>Authorized Business Representative Name:</b>	Last	First	Middle Initial
<b>Authorized Business Representative Telephone Number:</b>	(         )           -		
<b>Position of Authorized Business Representative:</b>			

**B. CLAIMANT INFORMATION**

<b>Business Name:</b>			
<b>Deepwater Horizon Settlement Program Claimant Number:</b>			
<b>Social Security Number:</b> <i>or</i> <b>Individual Taxpayer Identification Number:</b> <i>or</i> <b>Employer Identification Number:</b>	SSN or ITIN           -           -                           EIN           -		
<b>Business Address:</b>	Street		
	City	State	Zip Code
<b>Business Phone Number:</b>	(         )           -		

**C. REQUIRED VERIFICATION**

- (1) The above mentioned claimant provided financial projections to our financial institution that were prepared prior to the Deepwater Horizon Spill; and
- (2) These financial projections were utilized by our financial institution for the purpose of extending credit to the claimant's Start-Up Business.

**D. SIGNATURE**

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that all the information I have provided in this Statement (and in any pages I have attached to or submitted with this Statement to provide additional information requested in this Statement) is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted with this Statement and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Statement may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

<b>Date Signed:</b>	<p align="center">____/____/____ (Month/Day/Year)</p>	<p align="center">_____</p> <p align="center">Signature</p>	
<b>Name:</b> (Printed or Typed)	Last	First	Middle Initial
<b>Title:</b>			