Applicant's Guide for Disaster Financial Assistance

Disaster Financial Assistance Program:

When a widespread disaster strikes and creates an unreasonable financial burden, disaster financial assistance (DFA) may be made available for eligible costs. DFA is intended to restore eligible property to a habitable and functional state.

For additional information regarding DFA, please refer to the **DISASTER FINANCIAL ASSISTANCE** *Fact Sheet*. The Fact Sheet is available by contacting your Municipal Office or Emergency Measures Organization (EMO).

Instructions:

- 1. Please fill out all appropriate sections on this application. Print clearly.
- Applications for property damage to private residences must be completed by the owner. Applications for the damage for personal possessions belonging to tenant occupants must be completed by the tenant occupant.
- 3. Completed applications with supporting documentation attached should be returned to your Municipal Office for forwarding to EMO.
- 4. If you have questions, please contact your Municipal Office or EMO.
- 5. Please use the checklist below to confirm your information is complete before returning your application to your Municipal Office.

Check List:

- $\hfill\Box$ All application sections have been completed and are printed clearly.
- ☐ The application / declaration is signed and dated.
- □ The property tax bill to verify property ownership is attached.
- □ For farm, business or non-profit organization claims, documentation is attached:
 - o Sole proprietorship copy of the applicant's T1 General or notarized proof of income
 - o Partnership copy of the applicant's partnership agreement and T1 Generals
 - o Limited Company copy of the applicant's Articles of Incorporation
 - Non-profit organization copy of documentation to verity your eligibility as a non-profit organization (e.g. Revenue Canada charitable organization registration number)
- □ For farm applications with damage to rented land, the owner's authorization (complete and signed by the landowner) is attached.

For further information or questions contact:

Your Municipal Office OR Emergency Measures Organization (EMO)

1525 – 405 Broadway Avenue Winnipeg, Manitoba R3C 3L6

Phone: (204) 945-3050 Fax: (204) 945-4929

Toll free: 1-888-267-8298

Website: www.manitobaemo.ca

FARM / BUSINESS / NON PROFIT ORGANIZATION **APPLICATION**



DISASTER FINANCIAL ASSISTANCE

Claim number:	GPS:
(office use only) Applicant Information	(office use only)
I am applying for damages and losses to (choose only one):	arm □ business □ non profit organization
Name:	Contact Person:
(legal name of farm, business, or owner's name)	Home phone :
Mailing Address:	
•	e: Cellular phone:
	Fax:
Damaged Property Information	
Local Authority:(city, town, municipality or First Nation community)	_
List all legal property descriptions damaged (e.g. 123 Main St. or NE 2	-34-1W or Lot/Blk/Plan) and tax roll number(s):
Is the damaged property your own? □ yes □ no Is there any If yes, attach current property tax bill(s) for the damaged If yes, Farmi	damage or loss to land you rent? yes no and Owner's Authorization must be completed by owner. Also, attach
	erty tax bill(s) for the damaged property.
Type of business / organization: □Sole proprietorship (Attach a copy	of the applicant's T1 General or notarized proof of income)
□Partnership (Attach a copy of the a	pplicant's partnership agreement and T1 Generals)
□Limited Company (Attach a copy of	the applicant's Articles of Incorporation)
□Non Profit Organization (Attach doo (e.g. Revenue Canada charitable or	cumentation to verify your eligibility as a non profit organization ganization registration number))
Applicant's G.S.T. number is:	
Has the applicant previously received Disaster Financial Assistance?	□ yes □ no
Items that are, or could have been insured at a reasonable and av	ailable rate are not eligible.
Have you contacted your insurance provider? □ yes	□ no
Have you filed a claim with your insurance provider? □ yes	□ no
Have you or will you receive payment from your insurance provider?	□ yes □ no
Disaster	
Nature of disaster (flood, tornado):	Date of loss or damage: (yyyy/mm/dd)
Please check all applicable categories:	,
☐ Depth of water over buildings. Main floor:ftin. Craw	vlspace:ftin. Basement:ftin.
☐ Damage of equipment essential to this operation.	☐ Pre-emptive (i.e. sandbagging)
□ Loss of harvested crop including bales and grain in the bin.	☐ Erosion damage to farmland in production.
□ Evacuation of and or emergency feeding for livestock.	☐ Damage to fencing used to contain livestock.
□ Other (please specify):	
LCOVENANT AND ACREE	
I COVENANT AND AGREE:	

- 1. That all the information provided in this application is complete and correct.
- 2. That if I took no action during the disaster to protect my property or, after the disaster, if there is an indication of neglect or indifference regarding the loss or damage, that any assistance may be reduced or
- 3. That all costs claimed herein will not be claimed under any insurance contract or other assistance program.
- 4. That any assistance as a result of expenses due to this disaster is a grant from the Government of Manitoba.
- 5 That this Application or any inspection does not constitute eligibility for assistance. Eligibility is determined
- s of the

6. Information will be kep	ss and based on information and documentat strictly confidential and not disclosed except an and Protection of Privacy Act.	•
APPLICANT'S SIGNATURE	CO-APPLICANT'S SIGNATURE	DATE
		April 2006 (A - 12

Farmland Owner's Authorization

To be completed when application includes damage to rented farmland.

Registered Owner(s):	Name:		
	Postal Code:	Phone:	
Tenant(s):	Name:		
I/We, as the reg	gistered owner(s) of ency Measures Orga	the property listed below anization to make payme lamages to my land.	
<u>Legal Description</u>	Tax Roll #	Legal Description	Tax Roll #
Owner Signature		nature Date	_
	Fa 2222 la 22 al 02		! ~ ~
To bo		vner's Authorizati ation includes damage to rent	
TO be	сотрієтей мпел аррііс	ation includes damage to rent	ea iarmiana.
Registered Owner(s):			
	Address:	DI .	
	Postal Code:	Phone:	
	ency Measures Orga	the property listed below anization to make payme amages to my land.	
	· ·	· ·	T. D. W.
<u>Legal Description</u>	1ax Roll #	Legal Description	Tax Roll #
			
Owner Signature	Witness Sigr	nature Date	
	Farmland Ov	vner's Authorizati	ion
To be	completed when applic	ation includes damage to rent	ed farmland.
Registered Owner(s):	Name:		
	Address:		
	Postal Code:	Phone:	
Tenant(s):			
, ,		the property listed below	hereby authorize the
	ency Measures Orga	anization to make payme amages to my land.	
Legal Description	Tax Roll #	<u>Legal Description</u>	Tax Roll #
			
-			
Owner Signature	— Witness Sigr	nature Date	_