



HOMEOWNERS AND RESIDENTIAL TENANTS APPLICATION FOR DISASTER FINANCIAL ASSISTANCE (DFA)

Please check appropriate box:

Homeowner Residential Tenant

Language of Choice English French

Name(s) [Last, First, Middle] [As name(s) appears on property tax]:	Office Use Only/File #
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MAILING ADDRESS

Street Address:	City/Town:	Province:	Postal Code:
Residence Phone Number:	Cellular Phone Number:	Business Phone Number:	Email Address:

DAMAGED PROPERTY ADDRESS same as mailing address

If different from mailing address

Street Address:	City/Town:	Province:	Postal Code:
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RESIDENTIAL TENANT/RENTER INFORMATION (enclose a copy of lease agreement or Drivers License with the same address)

Provide Registered Building Owner(s) and/or Landlord(s) Name(s):	Name of Contact Person:	Contact Phone Number:
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PROPERTY DAMAGE INFORMATION

Description of Damage/Loss

Date of Damage/Loss:	Approximate Depth of Water: (if applicable) _____feet _____inches _____meters _____centimeters	<input type="checkbox"/> Basement <input type="checkbox"/> First Floor <input type="checkbox"/> Other	Type of Basement: <input type="checkbox"/> Full <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on grade <input type="checkbox"/> Walk Out	Basement Finished: <input type="checkbox"/> Yes <input type="checkbox"/> No
Stories in Home: <input type="checkbox"/> One story <input type="checkbox"/> Two story <input type="checkbox"/> Mini Home <input type="checkbox"/> Other _____		Damage to Existing Seawall or Riverbank Stabilization Wall: <input type="checkbox"/> Yes <input type="checkbox"/> No		Damage to Driveway: <input type="checkbox"/> Yes <input type="checkbox"/> No
If there was a prolonged (over 72 hours) power outage provide generator information: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Borrow If rented or borrowed from whom? _____ Must include picture(s) of generator to clearly show brand name, wattage and serial number				
Cause of Damage (flood, ice storm, heavy rains, etc.):	Do you have debris clean up, including trees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, supply pictures, fill out Appendix C and have your insurance representative fill out Appendix A.			
Brief Description of Damage/Loss:				

WAIVER OF DEDUCTIBLE or SOCIAL DEVELOPMENT CLIENT

Complete this section ONLY if you are a homeowner or renter with low income or in difficult financial circumstances to have the \$1000 deductible waived.

Family Income:	Number of Dependents:
A copy of the previous years income tax return must be attached for you and each household member (if applicable)	
Are you a Social Development Client: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy of your health card	

Note: Applications will not be accepted after the deadline. The application deadline is 90 days from the date DFA Program was authorized. Please check our website at <http://www.gnb.ca/disasterfinancialassistance> or call toll free 1-888-553-8558 to verify the application deadline applicable for the weather event.

Description of Personal Items lost or damaged as a result of the disaster: (See Appendix B)

CLEANUP AND DISINFECT

On Appendix C of this application, please track, on a daily basis, the number of hours, you, your family and friends spent on clean up. Please have this available for the assessor during the site visit. For further information about clean up and disinfection, please refer to the "Flood Recovery for Home or Business" booklet or visit https://www2.gnb.ca/content/dam/gnb/Departments/pa-ap/pdf/Report_Damages/FloodRecovery-e.pdf

DOCUMENTATION REQUIREMENTS

Refer to Appendix D of this Application which provides information on the documentation requirements. Failure to provide required documentation will delay your claim being processed.

CONSENT TO RELEASE INFORMATION AND DECLARATION

I/We authorize the New Brunswick Emergency Measures Organization (NB EMO) to disclose all personal information that I/We provide to NB EMO and that NB EMO collects about me/us to other relief organizations, humanitarian agencies and governments that are offering any assistance whatsoever as a result of this disaster. I/We give NB EMO my/our permission to use my/our personal information to fully evaluate my/our post-disaster circumstances, to determine my/our eligibility for disaster financial assistance, and to ensure all sources of assistance to me/us are considered.

That I/We are the owner(s) (tenant(s)) of the land and premises and chattels located on the first page of this application form. That I/We suffered damage to my/our lands and premises and chattels located at the above address by a reason of INSERT TYPE OF EVENT HERE which occurred within the Province of New Brunswick commencing INSERT DATE OF EVENT HERE.

I/We undertake that monies paid to me/us shall be used in restoring my/our lands and premises and chattels located at the damaged address on the first page of this application form. You may be asked to demonstrate that the monies were used to repair the property before the next claim is paid. If the repairs have not been completed, then no funds will be issued.

I/We undertake to indemnify and save harmless the Province of New Brunswick from all claims and demands of any other person for payment of assistance made hereunder as a result of misrepresentations on my/our part.

I/We do solemnly declare that the foregoing representative statements are the best to my/our knowledge, information and belief, true in every particular detail, and I/We make this solemn declaration conscientiously, believing it to be true and knowing that is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

I/We understand that this confidential information will be used only for the purpose for which it has been collected. It may only be conveyed to other government departments and agencies for the purpose of disaster financial assistance.

NOTE:

The Province of New Brunswick is not responsible for liens, mortgagees, or other creditors of the claimants and all payments made hereunder are made on the understanding that the claimant is the person legally entitled to assistance.

Suspicious claims will be referred to, and may be investigated by, the Department of Public Safety in order to ensure the protection of public funds. All necessary and appropriate action will be taken to initiate investigations, recover inappropriately obtained funds and pursue court action if required.

Signature of Applicant

Date

Signature of Applicant

Date

Print Name

Print Name

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**CONFIRMATION OF INSURANCE
 AVAILABILITY
 DISASTER FINANCIAL ASSISTANCE (DFA)**

Appendix A

This form MUST be completed by an authorized representative of your insurance company when applying for assistance through the Disaster Finance Assistance Program.

Please return to NB EMO, Recovery Services at 65 Brunswick Street, 2nd Floor, Fredericton, NB, E3B 1G5, fax to 506-453-5837 or scan to email at emo.recovery@gnb.ca.

Name of Applicant: _____

Name of Co-Applicant: _____

Civic Address: _____

Address of location where damage occurred: _____

Type of Policy Carried: Homeowners Policy Tenants Policy Business

Policy Number: _____ Name of Insurer: _____

Policy Expiry Date: _____ Name of Brokerage (If applicable): _____

Name of Insurance Representative: (If applicable): _____

Contact no.: _____

With reference to the policy in force during the time frame of the emergency event, did the following coverage apply?

- | | |
|---|--|
| 1. Sewer back up coverage | <input type="checkbox"/> Yes Coverage limit available \$ _
<input type="checkbox"/> Not purchased, maximum available to purchase \$ _
<input type="checkbox"/> Not available for purchase by applicant |
| 2. Any form of overland water coverage | <input type="checkbox"/> Yes Coverage limit available \$ _
<input type="checkbox"/> Not purchased, maximum available to purchase \$ _
<input type="checkbox"/> Not available for purchase by applicant |
| 3. Wind Coverage | <input type="checkbox"/> Yes Coverage limit available \$ _
<input type="checkbox"/> Not purchased, maximum available to purchase \$ _
<input type="checkbox"/> Not available for purchase by applicant |
| 4. Coverage for food spoilage, freezer or refrigerator damage | <input type="checkbox"/> Yes Coverage limit available \$ _
<input type="checkbox"/> Not purchased, maximum available to purchase \$ _
<input type="checkbox"/> Not available for purchase by applicant |

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**CONFIRMATION OF INSURANCE
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Appendix A

5. If the answer is "Yes" to any of the above questions, then it is **MANDATORY** that the loss be reported to the insurance company. Has the claim been reported to the insurance company? Yes No

6. Was a claim paid? Yes No Amount Paid: \$ ____
(If yes, you must provide a breakdown of what items were covered by your insurer)

7. Comments:

Note: If you reported the damage to your insurance company or broker and were advised by the "assigned adjuster" that there was no coverage, please provide a copy of the denial letter issued by your insurance company. If you did not receive a denial letter, please use comments section below to explain why the claim was denied.

Signature of an authorized representative of the insurer

Date

THE APPLICANT ACKNOWLEDGES THAT THE GOVERNMENT MAY VERIFY THE INFORMATION SET OUT IN THIS APPLICATION WITH THE APPLICANTS INSURER.

Signature of Applicant

Date

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Appendix D

Required Documentation

With the exception of invoices which can be provided to the assessor during the site visit, you are required to submit copies of the following documentation, if applicable, with your application. If you are concerned you may be unable to obtain any or all of the documentation prior to the application deadline, please call Recovery Services at 1-888-553-8558.

- Application form with original signature (cannot be faxed or emailed)
- Include a copy of your property tax bill – name on property tax must be the person signing the application form unless you are a tenant.
- Copy of your rental agreement or lease, if applicable for residential tenant applications. If no written lease copy of Driver's License
- If completing the waiver section, include a copy of your previous year Income Tax Return or assessment form from the Canada Revenue Agency (1-800- 959-8281)
- If a Social Development Client - a copy of your health card (this is not your medicare card).
- Appendix A - Confirmation of Insurance Form and a letter from your insurance representative stating the reason the claim was denied.
- If you do not have insurance a signed letter from you stating the reason why.
- If the reason why you do not have insurance is it is too expensive include a copy of your previous year Income Tax Return or assessment form from the Canada Revenue Agency (1-800-959-8281)
- Appendix B – Personal Items Lost or Destroyed
- Appendix C – Clean-up Log
- Pictures - before and after
- If you have estimates/quotes and/or invoices/receipts for cleanup or repairs, please have them available during the site visit to help the assessor identify eligible costs.
- Picture of generator clearly showing generator, brand name, wattage and serial number. May require multiple pictures to show required information.

Completed applications can be mailed to:

NBEMO
Recovery Services
65 Brunswick Street, 2nd Floor
Fredericton, New Brunswick
E3B 1G5

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