

# 2019 APPLICATION FOR ADVANCE DISASTER FINANCIAL ASSISTANCE (Maximum Of \$15,000)

Name(s) as appears o	n property tax	Office Use Only/File #	
Last	First	Middle	

#### MAILING ADDRESS

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

#### ADDRESS OF DAMAGED PROPERTY same as mailing address

If differ	er	۱t	from	mailing	address:

Street Address:	City/Town:	Province:	Postal Code:

#### **TYPE OF DAMAGES**

wire you a Social Development client? 🗆 Yes 🖾 No	If yes, provide a copy of your health card with this application
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Do you have any sewer backup or overland flood insurance on the damaged property? 🗆 Yes 🖾 No 🛛 If yes, please answer the following:

Policy Number:

Name of Insurer:

Policy Expiry Date: \_\_\_\_\_ Name of Brokerage (If applicable): \_\_\_\_\_

Name of Insurance Representative (if applicable):

 Did you have a Health and Safety
 Yes
 No

 Inspection done for the property?
 Date of Inspection:

### CONSENT TO RELEASE INFORMATION AND DECLARATION

I/We declare that I am / we are the owner(s) of the Property, that <b>I/We</b> suffered loss or damage to <b>my/our</b> premises and related personal proprior located at the Property by a reason of which occurred within the Province of New Brunsw commencing; that the loss or damage is not covered by insurance; that, to the best of my / our knowledge a belief, the value of the loss or damage exceeds \$15,000; and, that I / we have not previously received disaster financial assistance in relation to Property	vick and
I / We apply for an advance of \$ (maximum of \$15,000) against any disaster financial assistance that I / we might receive under t Disaster Financial Assistance Program for loss or damage to my / our premises and related personal property located at the Property.	he
I / We acknowledge and agree that any advance financial assistance that I / we receive shall be subject to the following terms and conditions: a. such amount is an advance against the total amount of disaster financial assistance that might be granted to me / us by NB EMO as a result of my / our claim for assistance;	а
<ul> <li>such amount shall be deducted from the total amount of disaster financial assistance that might be provided to me / us by NBEMO as result of my / our claim for assistance;</li> </ul>	а
c. such amount will be used by me / us to do cleanup, make repairs to, or restore the premises or related personal property at the Prope	rty

such amount will be used by me / us to do cleanup, make repairs to, or restore the premises or related personal property at the Property as required by NB EMO to satisfy its requirements for disbursement of an advance against disaster financial assistance;

- d. if we receive a payment from our insurance provider for any loss or damages, clean-up to, or restoration of the premises or related personal property located at the Property, then I/we will repay promptly any and all amounts received from NBEMO as disaster financial assistance, including any advance disaster financial assistance;
- e. if I / we fail to repay any disaster financial assistance, including any advance disaster financial assistance, when required to do so, then I/we will be indebited to the Province of New Brunswick for that amount and my / our information will be sent to the Collections Services branch of Service New Brunswick for recovery to the full extent of the law;
- f. 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 as a result of misrepresentations on my/our part; I / we understand that suspicious claims will be referred to the Department of Public Safety, and that, in order to ensure the protection of public funds, all necessary and appropriate action will be taken to investigate and recover inappropriately obtained funds, including taking court action if required;
- g. I / we understand and agree that the Province of New Brunswick is not responsible for liens, mortgagees, or other creditors of mine / ours, and that all payments made hereunder are made on the understanding that I am / we are the person(s) legally entitled to such assistance;
- h. I / we agree to sign further legal documents required by NB EMO regarding any advance disaster financial assistance provided to me / us by NB EMO.

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 because of the loss or damage to my / our premises or and related personal property at the Property. 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. I / We understand that this confidential information will be used only for the purpose for which it has been collected, and that it only will be disclosed to other government departments and agencies for determining my / our eligibility for disaster financial assistance program.

I / We do solemnly declare that the foregoing representative statements are the best to my / our knowledge, information and belief, true in every 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 the *Canada Evidence Act*.

Signature of Applicant

Date

Signature of Applicant

Date

Print Name

## **APPLICATION FORMS**

Application forms can be mailed or dropped off to the following address:

NB Emergency Measures Organization Recovery Office 65 Brunswick Street, 2<sup>nd</sup> Floor Fredericton, NB E3B 1G5

## **RECOVERY OFFICE CONTACT INFO:**

TOLL FREE LINE: 1-888-553-8558

EMAIL: <u>Emo.recovery@gnb.ca</u>

Website: http://www.gnb.ca/disasterfinancialassistance

Print Name