



RECREATIONAL PROPERTY APPLICATION FOR DISASTER FINANCIAL ASSISTANCE (DFA)

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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PRIMARY ADDRESS

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

DAMAGED RECREATIONAL PROPERTY ADDRESS

Street Address:	City/Town:	Province:	Postal Code:
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RECREATIONAL PROPERTY DAMAGE INFORMATION

Date of Damage/Loss:	
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DOCUMENTATION REQUIREMENTS

- 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.
- Appendix A – Clean-up Log
- Pictures - before and after
- Invoice for contracted clean up

That **I/We** are the owner(s) of the land and recreational property located on the first page of this application form. That **I/We** suffered damage to **my/our** lands and recreational property located at the above address by a reason of _____ which occurred within the Province of New Brunswick commencing _____.

INSERT TYPE OF EVENT HERE *INSERT DATE OF EVENT HERE*

I/We undertake that monies paid to **me/us** shall be used for grounds/debris clean up at the damaged address on this page.

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.

Signature of Applicant

Date

Signature of Applicant

Date

Print Name

Print Name

