



**Disaster Financial Assistance – Small Business
Income and Employee Eligibility Confirmation / Validation**

(To be completed by Applicant’s Accountant)

Business Owner’s Name (s):	
Business Name:	_____
Business Address:	_____ _____

With reference to the Applicant’s request for Disaster Financial Assistance, confirmation is made of the following:

1. Gross revenue as reported for tax purposes by _____
(Applicant’s Business Name)
of at least \$4,800 but not more than \$2 million for the tax period immediately preceding the year of the disaster, _____
(Year)
2. That we have reviewed the total hours or days worked by all full time and part time staff of the claimant’s business for the taxation year or T4 year immediately preceding the year of the disaster and can confirm that the total hours or days worked does not exceed the equivalent of hours or days that would have been worked by 20 full time employees. (Attach copies of the T4s)
3. Copies of recent filed financial statements, Income Tax documents including all applicable schedules and final assessment from Revenue Canada.

Signed this _____ day of _____, 20____.

Name of Accountant:: _____

Address of Accountant: _____

Signature and designation: _____

Send this form to the NB Emergency Measures Organization, Disaster Recovery Office

Fax: 506- 453-5837 or Scan to email emo.recovery@gnb.ca or

Postage Mail to **NB EMO, Recovery Office**
65 Brunswick Street, 2nd Floor
Fredericton, New Brunswick
E3B 1G5