



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

(To be completed by Applicant’s Lawyer)

Business Owner’s Name (s):	_____
Day to Day Manager:	_____
Business Name:	_____
Business Address:	_____

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

- applicant’s business is an owner-operated enterprise,
- owner-operator is acting as a day-to-day manager, and
- said owner-operator owns at least 50% of the business.

The following information must be provided:

1. A certified share register, partnership agreement or lawyer certification confirming your percentage of ownership of the business.
2. Copy of property tax assessment/lease agreement for the business.

Signed this _____ day of _____, 20____.

Lawyer’s Name: _____

Address of Lawyer: _____

Signature: _____

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

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