



PRIVATE SECTOR APPLICATION FOR DISASTER FINANCIAL ASSISTANCE (DFA)

APPLICANT INFORMATION FOR SMALL BUSINESS

Please check appropriate box:

Commercial Agriculture Aquaculture/Fisheries

Business Address

Registered Business Name:		Office Use Only/Application #	
Street Address:	City/Town:	Province:	Postal Code:

Owner Address

Owner/Operator Name:	Business Phone Number:	Cellular Phone Number:	Email Address:
Street Address:	City/Town:	Province:	Postal Code:

List all Owners of the Company/Business and extent of participation in the day-to-day management of the small business	Percentage of Ownership

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
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Cause of Damage/Loss	Year Building Constructed:
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Brief Description of Damage/Loss

- The following information must be provided or your claim will not be processed:
1. A certified share register, partnership agreement or lawyer certification confirming your percentage of ownership of the business.
 2. Written confirmation from the claims manager of your insurance company that you could not have purchased insurance to cover the loss to the charitable/volunteer organization. (Form C)
 3. Proof of business income in the form of a present fiscal year financial statement, Income tax including all applicable schedules and T4's for all employees
 4. Copy of property tax assessment/lease agreement for the business.
 5. Who is the day to day manager of the business.

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/recovery> or call toll free 1-888-553-8558 to verify the application deadline applicable to your weather event.

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

CLEANUP AND DISINFECT

On Appendix B 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 http://www2.gnb.ca/content/dam/gnb/Departments/pa-ap/pdf/Report_Damages/FloodRecovery-e.pdf

OCCUPANCY INFORMATION

Do you have insurance coverage for damage/loss that incurred? Yes No
Have your claims manager of your insurance company complete and send in **Confirmation of Insurance (see Appendix C)**
If water protection insurance is available in your area you may not be eligible for this program, such as water escape/backup extension endorsement (sewer back-up) or overland flooding.

If you are applying as a small business, farm owner, aquaculture owner or charitable or volunteer organization, you must obtain written confirmation from the claims manager of your insurance company that you could not have purchased insurance to cover the loss to your property. **This document is required before an assessor can evaluate your file.**

DOCUMENTATION REQUIREMENTS

Refer to Appendix D of this Application which provides information on the documentation requirements for this application.

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 by reason of _____ which occurred within the Province of New Brunswick commencing _____.

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.

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.

Signature of Applicant

Date

Signature of Applicant

Date

Print Name

Print Name

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