



# Disaster Financial Assistance Program Application for an Advance Payment

Name of Applicant \_\_\_\_\_

Applicant's Medicare No. \_\_\_\_\_

Name of Co-applicant (if applicable) \_\_\_\_\_

Co-Applicant's Medicare No. (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Other number where you can be reached: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Civic Address of Property damaged or destroyed (with postal code):  
\_\_\_\_\_

## DECLARATION OF APPLICANT(S) \_\_\_\_\_

1. I / We apply for an advance of \$\_\_\_\_\_ (maximum of \$4 000) against any disaster assistance for property damaged or destroyed located at the address described above that may be granted under the Disaster Financial Assistance Program.
2. I / We apply for such advance assistance described above as the: [Please check applicable box(es)]
  - Homeowner                       Co – Homeowner
3. I / We make this application on behalf of:
  - All members of the homeowner's household (i.e. spouse, children, parents, etc)
  - A non-profit organization
  - A small business (corporation, sole proprietorship, partnerships, etc)
  - A farm operation or farming business
4. I / We have suffered uninsurable\* loss or damage to the land, premises and chattels described above, which to the best of my / our knowledge and belief exceeds \$4,000 or the amount of the advance. (\*the Disaster Financial Assistance Program does not pay for any damage or loss that is covered by an insurance policy).
5. I / We agree to provide all information and documentation required by the New Brunswick Emergency Measures Organization (NB EMO) to assess my / our eligibility for advance assistance and to allow any authorized representative of NB EMO access to the above described building(s) / dwelling(s).

6. I / We authorize any person, agency or organization, including federal, provincial or municipal government departments, to release to NB EMO, or any of its representatives, information required for the purpose of determining or verifying eligibility for the advance assistance that I / we have applied for herein. I / We hereby acknowledge that a photocopy of this authorization shall be sufficient to allow for the release of the specific information requested.
7. I / We acknowledge and agree that I / We will be required to also submit an application for the “Disaster Financial Assistance Program” for the purposes of assessing my / our total claim for assistance.
8. I / We acknowledge and agree that the advance assistance that I / we receive shall be subject to the following:
  - a) That such amount is an advance against the total amount of disaster assistance that may be granted to me / us by NB EMO as a result of my / our claim for assistance required under paragraph 7;
  - b) That such advance shall be deducted from the total amount of disaster assistance as may be provided to me / us; and
  - c) That such advance will be used by me / us to make repairs or replacements as required by NB EMO to satisfy its requirements for disbursement of an advance against disaster assistance.
9. I / We acknowledge and agree that if NB EMO determines that I / we do not qualify for the “Advance against Disaster Financial Assistance Program” for property damaged or destroyed in an amount of that was advanced to me/us, or if I / we qualify for an amount less than the amount that I / we received as part of the “Advance against Disaster Financial Assistance Program” for property damaged or destroyed that I / we agree that the advance assistance provided pursuant to this Application, or the applicable portion thereof, shall be repaid, as a debt due and owing to the Government of New Brunswick, upon its demand.
10. I / We authorize NB EMO to use the Provincial Medicare Number provided in any manner required for the administration of this agreement.
11. I / We declare that the information given in this application is true, correct and complete; that I / we have not withheld any information which may have an effect on this Application; and that no other person has applied for or received advance assistance for the above described building(s) / dwelling(s) or any other building(s) / dwelling(s) which I / we are the registered owner or have an interest.

Dated at \_\_\_\_\_, New Brunswick, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Signature of Homeowner

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Signature of Co-owner(if applicable)