



APPLICATION FOR ADVANCE DISASTER FINANCIAL ASSISTANCE (DFA)

Please check appropriate box:

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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MAILING ADDRESS

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

DAMAGED PROPERTY ADDRESS same as mailing address

If different from mailing address

Street Address:	City/Town:	Province:	Postal Code:
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Are you a Social Development Client: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy of your health card

Do you have any home insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please answer the following: Policy Number: _____ Name of Insurer: _____ Policy Expiry Date: _____ Name of Brokerage (If applicable): _____ Name of Insurance Representative: (If applicable): _____ Sewer back up coverage <input type="checkbox"/> Yes Coverage limit available \$ _____ <input type="checkbox"/> No Any form of overland water coverage <input type="checkbox"/> Yes Coverage limit available \$ _____ <input type="checkbox"/> No If no home insurance please provide a brief explanation of why not:

Did you have a Health and Safety Inspection <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Inspection:
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CONSENT TO RELEASE INFORMATION AND DECLARATION

<p>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.</p> <p>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. (*the Disaster Financial Assistance Program does not pay for any damage or loss that is insurable).</p> <p>I / We acknowledge and agree that the advance assistance that I / we receive shall be subject to the following:</p> <ol style="list-style-type: none">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; andc. 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.d. <p>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.</p>

CONSENT TO RELEASE INFORMATION AND DECLARATION,
continue

That **I/We** are the owner(s) of the land and premises and chattels located on the first page of this application form. That **I/We** suffered damage to **my/our** lands and premises and chattels 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 in restoring **my/our** lands and premises and chattels located at the damaged address on the first page of this application form. You may be asked to demonstrate that the monies were used to repair the property before the remainder of your claim is paid, if applicable. If the repairs have not been completed then no funds will be issued.

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.

Suspicious claims will be referred to, and may be investigated by, the Department of Justice and Public Safety in order to ensure the protection of public funds. All necessary and appropriate action will be taken to initiate investigations, recover inappropriately obtained funds and pursue court action if required.

Signature of Applicant

Date

Signature of Applicant

Date

Print Name

Print Name

APPLICATION FORMS

Application forms can be mailed or dropped off to the following address:

NB Emergency Measures Organization
Recovery Office
65 Brunswick Street, 2nd Floor
Fredericton, NB E3B 1G5

RECOVERY OFFICE CONTACT INFO:

TOLL FREE LINE: 1-888-553-8558

EMAIL: Emo.recovery@gnb.ca

Website: <http://www.gnb.ca/disasterfinancialassistance>