

**PRIVATE RESIDENCE
APPLICATION
DISASTER FINANCIAL ASSISTANCE**

**Manitoba
Emergency
Measures
Organization**



Claim number: _____
(for office use only)

GPS: _____
(office use only)

Applicant Information

Last Name: _____ First Name: _____ Initial: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

Cellular Phone: _____

Postal Code: _____

Fax: _____

Local Authority: _____ Civic Address (if applicable): _____
(city, town, municipality)

Legal Property Description: _____ Tax Roll #: _____

The applicant is the: registered owner agent (on the behalf of the owner) tenant (claiming personal items only)

List name(s) of all owner(s)/joint tenant(s)/tenants in common: _____

Is the damaged property the applicant's principal residence? yes no

Attached is a copy of the applicant's current property tax assessment.

If the applicant is not the owner, give the name and address of the owner:

Last Name: _____ First Name: _____ Initial: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

Postal Code: _____

Number of occupants:
Adults (15+ years) Male: _____ Female: _____ Youth(12-14): _____ Child(4-11): _____ Infant(0-3): _____

Has the applicant previously received Disaster Financial Assistance? yes no

Has this property been approved under any Province of Manitoba Flood Proofing Program? yes no

Disaster

Nature of disaster (flood, tornado...):	Date of loss or damage: (yyyy/mm/dd)
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Please check all applicable categories:

Damage to principal residence. Damage to garage. Pre-emptive (i.e. sandbagging, pumping...)

Depth of water (if applicable): Basement _____ ft. _____ in. Main floor _____ ft. _____ in.

Loss or damage of personal property (clothing, furniture, appliances and chattels) Evacuation

Other (please specify): _____

I COVENANT AND AGREE:

1. That all the information provided in this application is complete and correct.
2. That if I took no action during the disaster to protect my property, or after the disaster there is an indication of neglect or indifference regarding the loss or damage, that any assistance may be reduced or denied.
3. That all costs claimed herein will not be claimed for under any insurance contract or other assistance program.
4. That any assistance as a result of expenses due to this disaster is a grant from the Government of Manitoba.
5. That this Application or any inspection does not constitute eligibility for assistance. Eligibility is determined by an evaluation process and based on information and documentation provided by me.
6. Information will be kept strictly confidential and not disclosed except in accordance with the provisions of the Freedom of Information and Protection of Privacy Act.

APPLICANT'S SIGNATURE

CO-APPLICANT'S SIGNATURE

DATE