Private Property Application: Designated Disaster Area

Date of Loss

Provincial Disaster Assistance Program

P.O. Box 227 Regina, Canada S4P 2Z6

Municipality Name

APPLICATION NUMBER

Type of Event

For office use only

| (1) APPLICATION TYPE | | | | | | |
|--|-------------------|-----------------------|---------------------|------------------------------------|--|--|
| Please check one box per application | | | use separate app | lications: | | |
| Registered Home Owner (Princip | oal Residence O | nly) Tenant | | | | |
| Number of people living at affect | ed residence: | Adults (18 | <u> </u> | Minor(s) | | |
| Other: (explain) | | Agricultura - | al Operation | Small Business/ Rental Property | | |
| Non-Profit: (Describe type) | | | | | | |
| Have you had a previous claim with F | PDAP? | Ye | es | No | | |
| If yes, advise year of previous claim a | and PDAP claim | | | | | |
| | | Year | Previous Claim I | No. | | |
| (2) APPLICATION INFORMATION (pl | lease print) | | | | | |
| Claimant name: Last Name | First Name | | Middle Name | | | |
| Last Namo | i iist ivailie | | Wildlie Name | | | |
| Business Name (If damage is to an in | come or busines | ss property) | | | | |
| Contact names: | | | | | | |
| Last Name | First Name | | Middle Name | | | |
| | | | | | | |
| Claimant Mailing Address: | | | | | | |
| Unit # Street | | Prov. City | , Town or Village | Postal Code | | |
| | | | , | | | |
| Primary Telephone Secondary 1 | Telephone C | Cell Phone | Email Address | | | |
| ALTERNATIVE ADDRESS AND | TELEPHONE N | NUMBER I CAN BE | CONTACTED AT | <u> </u> | | |
| Unit # Street | | Town or Village | Prov. Postal Co | | | |
| | | • | | | | |
| (3) DAMAGED PROPERTY INFORMATION IF DIFFERENT FROM MAILING ADDRESS. (Damaged property must be owned by the applicant to be eligible) | | | | | | |
| Urban | | Rural | | | | |
| Civic Unit # Street | | | SEC TWP | RGE WEST of | | |
| | | QIII C | JEO IWI | NOL WEST OF | | |
| City, Town or Village | Postal Code | | | | | |
| Legal Lat Black Black | | | | | | |
| Lot Block Plan | | Enter additional a | ddresses in section | (6) below | | |
| For flooding dispetors at its highs | ot lavel have bis | | | • • | | |
| For flooding disasters, at its highe | | _ | | - | | |
| Less than or equal to 4 inches | Less th | an or equal to 4 feet | t Higher tr | nan 4 feet | | |
| Has either appliance been affected? | Furnace | e/Boiler | Water he | eater (Rent Own) | | |
| Is there evidence of mould? Yes | No. If ye | es, describe locatior | n(s) below | | | |
| Electricity On | Off | Water/Sewer | r (| On Off | | |
| Natural Gas On | Off | Telephone | (| On Off | | |
| | | | | | | |



(3) DAMAGED PROPERTY INFORMATION IF DIFFERENT FROM MAILING ADDRESS. (Damaged property must be owned by the applicant to be eligible)

| Are there safety concern(s) that present an immediate danger? | | | | | |
|---|--|--|--|--|--|
| If Yes, identify: | | | | | |
| | Yes | No | | | |
| and extent of issues: | | | | | |
| ON | | | | | |
| our residence/buildings and/or belongings? | Yes | No | | | |
| Name of Insurance Broker/Agent | | | | | |
| Has your claim been denied by your insurer? | | | | | |
| Yes (Please attached written documentation from your insurance agency/broker.) No (Please provide an explanation in section (6) below.) Pending | | | | | |
| r broker including policy number, date of loss will be provided. Verbal denials and emails w | , legal land descripti | on and it | | | |
| | | | | | |
| Overland Flooding or Seepage Both | sewer back-up and se | eepage | | | |
| Other: (describe) | | | | | |
| walls and/or floor slab. Sewer back-up is wat or the cleanout valve. | | | | | |
| ATEMENT | | | | | |
| t and measures you have taken including dates – if additional room | is required, please attached a | separate sheet). | | | |
| | oundational issues (movement, cracks, shifting)? and extent of issues: ON our residence/buildings and/or belongings? gent Has your claim been denied by your insurer? Yes (Please attached written documentation No (Please provide an explanation in sect ess/agricultural operations and tenant claims or broker including policy number, date of loss will be provided. Verbal denials and emails with other: (describe) Overland Flooding or Seepage Both Other: (describe) or entering a building through a surface opening walls and/or floor slab. Sewer back-up is water the cleanout valve. ATEMENT | oundational issues (movement, cracks, shifting)? Yes and extent of issues: ON OUR OUR residence/buildings and/or belongings? Yes Gent Telephone Number Has your claim been denied by your insurer? Yes (Please attached written documentation from your insurance at No (Please provide an explanation in section (6) below.) Pess/agricultural operations and tenant claims require a signed letter broker including policy number, date of loss, legal land description will be provided. Verbal denials and emails will not be accepted as a complete of the classification of the seepage of the cleanout valve. | | | |



| (7) ITEMS LOST OR DAMAGED Additional items may be listed on a separate sh | • | s listed below. | |
|--|--|---|--|
| PDAP requires pictures to be taken for all loss and/ Description of Item(s) | or damages and provided to the adjuster. | | |
| 1 | 2. | | |
| 3. | Δ | | |
| 5. | | | |
| | | | |
| 7. | 8. | | |
| 9. | 10 | | |
| 11 | 12 | | |
| 13. | 14 | | |
| (8) DISPLACEMENT (Residential) | | | |
| Are you currently displaced? | Yes No | | |
| Is Emergency Crisis Response (ECR) assisting you? | Yes No | | |
| Was this residence occupied by applicant(s) on the da | y of the disaster? Yes | No | |
| If no, explain: | | | |
| Date displacement began: | Return date: | | |
| Where are you staying? Hotel | Family/Friends Rental Uni | it Other | |
| If Other, describe arrangements: | | | |
| | | | |
| (9) DISPLACEMENT (Small Business – including agr Can your business operate under current condition | | No | |
| Can your pusiness operate under current condition | is at its present location? Yes | | |
| · | , oc | 140 | |
| If no, describe why not: | Own Rent Lea | | |
| If no, describe why not: Do you own, rent, or lease your business building? | Own Rent Lea | ase | |
| If no, describe why not: | Own Rent Lea | | |
| If no, describe why not: Do you own, rent, or lease your business building? If rented or leased, has the property owner been conta | Own Rent Lea | ase | |
| If no, describe why not: Do you own, rent, or lease your business building? If rented or leased, has the property owner been conta If no or unable to contact, explain: (10) EMERGENCY RESPONSE AND CLEAN-UP DETAILS. | Own Rent Leacted? Yes No Una | ase able to contact | |
| If no, describe why not: Do you own, rent, or lease your business building? If rented or leased, has the property owner been conta If no or unable to contact, explain: (10) EMERGENCY RESPONSE AND CLEAN-UP DETA provide public safety during the eligible event) | Own Rent Leacted? Yes No Una | ase able to contact | |
| If no, describe why not: Do you own, rent, or lease your business building? If rented or leased, has the property owner been conta If no or unable to contact, explain: (10) EMERGENCY RESPONSE AND CLEAN-UP DETAILS. | Own Rent Leacted? Yes No Una | ase able to contact | |
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| If no, describe why not: Do you own, rent, or lease your business building? If rented or leased, has the property owner been contained in no or unable to contact, explain: (10) EMERGENCY RESPONSE AND CLEAN-UP DETERMINED IN 1997 Provide public safety during the eligible event) Have you incurred any expenses related to emergency if yes, approximate dollar value spent to date: • Please be advised that receipts and photos must being taken and costs incurred for emergency in the provided in the property owner been contained. | Own Rent Leacted? Yes No Una AILS (measures taken to prevent further day response? Yes No t be provided to PDAP to substantiate the esponse. ng/Heavy Rain: Tornado/Plow Wi | ase able to contact amages or to measures | |
| If no, describe why not: Do you own, rent, or lease your business building? If rented or leased, has the property owner been contained in the property owner been contained in the property owner been contained. (10) EMERGENCY RESPONSE AND CLEAN-UP DETAiner of the provide public safety during the eligible event) Have you incurred any expenses related to emergency if yes, approximate dollar value spent to date: • Please be advised that receipts and photos must being taken and costs incurred for emergency record in the provided in the property owner. Total Clean-up Hours (attach log of hours): Flooding type of Equipment Owned/Rented/Borrow | Own Rent Leacted? Yes No Una AILS (measures taken to prevent further day response? Yes No It be provided to PDAP to substantiate the esponse. ng/Heavy Rain: Tornado/Plow Winged Hours Used Explanation of Use | ase able to contact amages or to measures | |
| If no, describe why not: Do you own, rent, or lease your business building? If rented or leased, has the property owner been contained in no or unable to contact, explain: (10) EMERGENCY RESPONSE AND CLEAN-UP DET provide public safety during the eligible event) Have you incurred any expenses related to emergency if yes, approximate dollar value spent to date: • Please be advised that receipts and photos must being taken and costs incurred for emergency related Clean-up Hours (attach log of hours): Type of Equipment Owned/Rented/Borrow Owned Rented Borrow | Own Rent Leacted? Yes No Una AILS (measures taken to prevent further day response? Yes No It be provided to PDAP to substantiate the esponse. Ing/Heavy Rain: Tornado/Plow Wingled Hours Used Explanation of Use provided | ase able to contact amages or to measures | |
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If using your own heavy equipment, include the type, size, model number, horse power (if applicable) and list the activity.



(11) DECLARATION

I am the Applicant or I am named as the contact person in Part 2, and I declare that I/We:

- am at least 18 years of age; a Small Business/Agricultural Operation, Partnership, Corporation, Non-Profit Organization or Communal Organization that carries on business in Saskatchewan:
- have read, understand and agree to the conditions of the Program;
- consent to and authorize the release of any information to the Program administrators relating to claims from any government ministry, crown, agency, or third party for the purpose of verifying information under this application;
- authorize the Ministry of Corrections, Policing and Public Safety to request information from any federal or provincial government ministry, crown or agency, or from any third party, and consent to disclose any information contained in this application or pertaining to payment, to such ministry, crown, agency, or third party, for the purpose of administering the Program;
- consent to and authorize any ministry, crown, agency, or third party mentioned above, who is requested to verify or provide information, to disclose that information to Corrections, Policing and Public Safety;
- consent to and authorize Corrections, Policing and Public Safety to disclose information relating to my application or payment to any review committee that may be established for the purposes of this Program, in the event that a review is requested:
- authorize Corrections, Policing and Public Safety, or its designated representatives, to enter the premises identified on the application for the purposes of verifying information under this application;
- understand that Corrections, Policing and Public Safety assumes no liability whatsoever from my participation in the Program;
- certify that no other application has been made or will be made under this Program or any similar program in another province, with respect to the same expenditures claimed on this application;
- agree to disclose all other sources of funding including financial and/or in-kind contributions from industry, insurance, federal, provincial, or municipal governments in respect to any claim on this application; and
- have not knowingly submitted any false or misleading information; and that the information given on this application is true and correct in every respect.

| | Applicant Signature(s) | | |
|-------|------------------------|--|--|
| Dated | | | |

SIX MONTH DEADLINE FOR SUBMISSION OF APPLICATION

Application form(s) must be filed within six (6) months from the date of loss. Submissions
received after this date may result in PDAP not providing assistance.

SIX MONTH DEADLINE DATE:

INSTRUCTIONS

- 1. Save the form after filling the information.
- 2. Click on the Validate button.
- A red text **Validated No** will appear if any mandatory information is missing. Fill the missing information and click the validate button again.
 - A blue text Validated Yes will appear if all the information filled correctly.
- 3. Save the form again after validating.
- 4. Email the form to PDAP.

