Private Property Application: Designated Disaster Area

Provincial Disaster Assistance Program

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

APPLICATION NUMBER

For office use only

Validate | Clear Form

Municipality Name	Date of Loss	Type of Event
RM of Weyburn	April 22, 2022 To April 25, 2022	Heavy Snow

(1) APPLICATION TYPE

Please check one box per application; if more than one category applies, use separate applications:

- ○ Registered Home Owner (Principal Residence Only)
- ○ Tenant

Number of people living at affected residence: Adults (18+) _____ Minor(s) _____

- ○ Other: (explain) _____
- ○ Agricultural Operation
- ○ Small Business/ Rental Property
- ○ Non-Profit: (Describe type) _____

Have you had a previous claim with PDAP? ○ Yes ○ No

If yes, advise year of previous claim and PDAP claim no. _____ Year PCC _____ Previous Claim No.

(2) APPLICATION INFORMATION (please print)

Claimant name:

Last Name | First Name | Middle Name

Business Name (If damage is to an income or business property)

Contact names:

Last Name | First Name | Middle Name

Claimant Mailing Address:

Unit # | Street | Prov. | City, Town or Village | Postal Code

Primary Telephone | Secondary Telephone | Cell Phone | Email Address

ALTERNATIVE ADDRESS AND TELEPHONE NUMBER I CAN BE CONTACTED AT

Unit # | Street | City, Town or Village | Prov. | Postal Code | Telephone Number

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

○ **Urban**

Civic Unit # | Street

City, Town or Village | Postal Code

Legal Lot | Block | Plan

○ **Rural**

QTR | SEC | TWP | RGE | WEST of

Enter additional addresses in section (6) below.

For flooding disasters, at its highest level, how high was the water in the affected building?

○ Less than or equal to 4 inches ○ Less than or equal to 4 feet ○ Higher than 4 feet

Has either appliance been affected? ☐ Furnace/Boiler ☐ Water heater (○ Rent ○ Own)

Is there evidence of mould? ○ Yes ○ No. If yes, describe location(s) below

Electricity	○ On	○ Off	Water/Sewer	○ 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? ○ Yes ○ No

If Yes, identify: _____

Has there been any visible foundational issues (movement, cracks, shifting)? ○ Yes ○ No

If yes, describe the location and extent of issues:

_____

(4) INSURANCE INFORMATION

Do you carry insurance for your residence/buildings and/or belongings?	○ Yes ○ No
Name of Insurance Broker/Agent	Telephone Number

Date Broker/Agent was Notified of the Damage and Loss _____	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

All residential, small business/agricultural operations and tenant claims require a signed letter from their insurance provider or broker including policy number, date of loss, legal land description and it must state if any coverage will be provided. Verbal denials and emails will not be accepted as proof of a lack of insurance coverage.

(5) TYPE OF LOSS:

○ Sewer back-up ○ Overland Flooding or Seepage ○ Both sewer back-up and seepage

○ Plow Wind/Tornado ○ Other: (describe) _____

Overland Flooding is water entering a building through a surface opening; seepage is water entering a building through cracks in walls and/or floor slab. Sewer back-up is water and/or sewage coming up from drains, toilets, sump pits or the cleanout valve.

(6) CLAIMANT WRITTEN STATEMENT

Statement of Event: (Describe the event and measures you have taken including dates – if additional room is required, please attached a separate sheet).

(7) ITEMS LOST OR DAMAGED

- **Additional items may be listed on a separate sheet, numbered consecutively following the items listed below.**
- PDAP requires pictures to be taken for all loss and/or damages and provided to the adjuster.

Description of Item(s)

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____
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 day of the disaster? ○ Yes ○ No

If no, explain: _____

Date displacement began: _____ Return date: _____

Where are you staying? ○ Hotel ○ Family/Friends ○ Rental Unit ○ Other

If Other, describe arrangements:

_____

(9) DISPLACEMENT (Small Business – including agricultural operations and landlords)

Can your business operate under current conditions at its' present location? ○ Yes ○ No

If no, describe why not: _____

Do you own, rent, or lease your business building? ○ Own ○ Rent ○ Lease

If rented or leased, has the property owner been contacted? ○ Yes ○ No ○ Unable to contact

If no or unable to contact, explain:

_____

(10) EMERGENCY RESPONSE AND CLEAN-UP DETAILS (measures taken to prevent further damages or to provide public safety during the eligible event)

Have you incurred any expenses related to emergency response? ○ Yes ○ No

If yes, approximate dollar value spent to date: _____

- **Please be advised that receipts and photos must be provided to PDAP to substantiate the measures being taken and costs incurred for emergency response.**

Total Clean-up Hours (attach log of hours): Flooding/Heavy Rain: _____ Tornado/Plow Wind: _____

Type of Equipment	Owned/Rented/Borrowed	Hours Used	Explanation of Use
	○ Owned ○ Rented ○ Borrowed		
	○ Owned ○ Rented ○ Borrowed		
	○ Owned ○ Rented ○ Borrowed		
	○ Owned ○ Rented ○ Borrowed		
	○ Owned ○ Rented ○ Borrowed		
	○ Owned ○ Rented ○ Borrowed		
	○ Owned ○ Rented ○ Borrowed		
	○ Owned ○ Rented ○ Borrowed		
	○ Owned ○ Rented ○ Borrowed		

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: October 25, 2022

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.