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	
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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 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	
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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.

