



PROVINCIAL DISASTER ASSISTANCE PROGRAM (PDAP)

APPLICATION NUMBER

Private Property Application

For office use only

DESIGNATED DISASTER AREA :

Municipality Name	Date of Loss	Type of Event
RM of Sherwood	June 28, 2014 To June 30, 2014	Heavy Rain

(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

Non-Profit : (Describe type) _____

Have you had a previous claim with PDAP Yes No

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

(2) APPLICANT INFORMATION (please print)

Name(s) (Last, First, Middle Initial) _____

Business Name (If damage is to an income or business property) _____ Name of Contact Person _____

Mailing Address Street City, Town or Village Postal Code

Primary Telephone Number () _____ Secondary Telephone Number () _____ Cell Phone Number () _____ Email Address _____

ALTERNATE ADDRESS AND TELEPHONE NUMBER I CAN BE CONTACTED AT:

_____ () _____
Address Street City, Town or Village Postal Code Telephone Number

(3) DAMAGED PROPERTY INFORMATION (Damaged property must be owned by the applicant to be eligible)

Damaged Property Address - **Urban** Street City, Town or Village Postal Code

(Legal land description accepted)

Damaged Property Address - **Rural** QTR SEC TWP RGE WEST of

If more room is needed please attach a separate sheet with Legal Land Descriptions.

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 or Own)

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

Electricity On Off Water/Sewer On Off

Natural Gas On Off Telephone On Off

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) LAND OWNER'S AUTHORIZATION

I/We as the registered owners of the property listed, direct and authorize the Provincial Disaster Assistance Program to make payment(s) to the eligible Operator(s) for eligible damages to my land as described above.			
Registered Owner(s) Name(s) (Last, First, Middle Name or Initial)			
Address	Street	City, Town or Village	Postal Code
Telephone Number ()	Tenant Name(s)		
I/We _____ (please print) give permission to the above tenant to make claim for the above described land.			
Signature(s)			Date

(5) INSURANCE INFORMATION

Do you carry insurance for your residence/buildings and/or belongings?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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? <input type="checkbox"/> Yes (Please attach written documentation from your insurance agency/broker.) <input type="checkbox"/> No (Please provide an explanation.) <input type="checkbox"/> Pending		
<i>All residential, small business/agricultural operations and tenant claims require a signed letter from their insurance provider, including policy number, 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.</i>			

(6) TYPE OF LOSS :

<input type="checkbox"/> Sewer-back up	<input type="checkbox"/> Overland Flooding or Seepage	<input type="checkbox"/> Both sewer back-up and seepage
<input type="checkbox"/> Plow Wind/Tornado	<input type="checkbox"/> Other : (describe) _____	

Overland Flooding is water entering a building through surface openings; 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 or the cleanout valve.

(7) CLAIMANT WRITTEN STATEMENT

Statement of Event : (Describe the event and measures you have taken including dates - if additional room is required please attach a seperate sheet)

(8) 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 damage and provided to the adjuster.

Description of Item(s)

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____
9. _____	10. _____
11. _____	12. _____
13. _____	14. _____

(9) DISPLACEMENT (Residential)

Are you currently displaced? Yes No

Is Emergency Social Services (ESS) 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: _____

(10) 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: _____

(11) 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: _____

<u>Type and Model of Equipment</u>	<u>Owned/Rented</u>	<u>Hours Used</u>	<u>Explanation of Use</u>
_____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	_____	_____
_____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	_____	_____
_____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	_____	_____
_____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	_____	_____
_____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	_____	_____
_____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	_____	_____
_____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	_____	_____
_____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	_____	_____
_____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	_____	_____
_____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	_____	_____

Include invoice or copy of invoice if equipment was rented. If using your own equipment include the type, size, model number, horse power (if applicable) and list the activity.

(12) 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 principal resident of Saskatchewan, or 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, agency, or third party, for the purpose of verifying information under this application;
- authorize the Ministry of Government Relations 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, agency, or third party, for the purpose of administering the Program;
- consent to and authorize any ministry, agency, or third party mentioned above, who is requested to verify or provide information, to disclose that information to Government Relations;
- consent to and authorize Government Relations 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 Government Relations, or its designated representatives, to enter the premises identified on the application for the purposes of verifying information under this application;
- understand that Government Relations 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)

3rd Party Witness Signature

Dated

D	D	M	M	Y	Y	Y	Y

Please return original application forms to:

Provincial Disaster Assistance Program (PDAP)
P.O. Box 227
REGINA SK S4P 2Z6 Toll Free: 1-866-632-4033

PDAP cannot accept emailed or faxed forms. All applications must be original, signed documents.

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: December 30, 2014