

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

PROVINCIAL DISASTER ASSISTANCE PROGRAM (PDAP) Private Property Application

APPLICATION NUMBER

For office use only

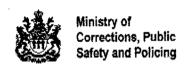
DESIGNATED DISASTER	AREA :	<u>. </u>		×				
Municipality Name	pality Name Date of Loss Type of Event							
RM of Saltcoats		June 26, 2012			Plow Wind			
(1) APPLICATION TYPE								
Please check one box per								
☐ Home Owner (Princip	al Residence	e Only)	Agric	ultural Operation	t	☐ Sr	mall Bu	siness
☐ Tenant			Other	: (explain)				
☐ Non-Profit : (Describe	type)						·····	
C ASSUSANT INCODMATIC	***							
(2) APPLICANT INFORMATION Name(s) (Last, First, Middle Ini		se print)						
Business Name (If damage is t	o an income d	or business proper	ty)		Name	of Contact Pe	rson	
Mailing Address S	Mailing Address Street City, Town or Village Postal Code							
Primary Telephone Number ()	Secondary ()	/ Telephone Numb	er	Cell Phone Numb	ЭӨГ	Email Addres	s	
ALTERNATE ADDRES	S AND TELE	PHONE NUMBER	ti CAN	BE CONTACTED	D AT:	(
Address Street	City, Towr	n or Village	Postal	l Code		Telephor	ne Numb	er
(3) DAMAGED PROPERTY IN	IFORMATION	1					·	·
Damaged Property Address -	Urban	Street		City, Town or	Village	P	ostal Co	de
(Legal land description accepte	ed)							
Damaged Property Address -	Rural	QTR	SEC	TWP		RGE	٧	VEST of
		QTR	SEC	TWP		RGE	 v	VEST of
					<u> </u>			
(4) LAND OWNER'S AUTHOR	RIZATION							
I/We as the registered owner make payment(s) to the eligi	s of the prop	erty listed direct (s) for eligible da	and au mages	thorize the Provious to my land.	încial D	isaster Assis	stance F	rogram to
Registered Owner(s) Name(s)	(Last, First, M			ppupa variation				
Address Street		City, To	wn or \	√illage	P	ostal Code		
()	Tenant Name((s)			••	- 4	•	
I/We	d land.		(pie	ase print) give pe	ermissi	on to the apc	yv e te na	nt to make
Signature				Date				
(5) INSURANCE INFORMATION	ANI							
Do you carry insurance for you		uildings and/or be	longing	s? 🔲 \	Yes) No	L
Name of Insurance Broker/Age	ent			Telepho ()	one Nun	nber		
Date Broker/Agent was	Has your c	laim been denied	d by yo	our insurer?				
Notified of the Damage and Loss	☐ Yes						jency/br	oker.)
	□ No	(Please provid					_	Pending
All residential, small business							if any co	overage will

(6) 17	PE OF LOSS :						·
	Sewer-back up		Overland Flooding or Se	epage		Both sewer back-up and s	seepage
	Plow Wind/Tomado		Other : (describe)			1811	
Overl walls	and Flooding is water entering and/or floor slab. Sewer back	; a bulk c-up is v	ting through surface oper water and/or sewage com	ings; see ing up fro	page Is w m drains,	ater entering a building thro toilets or the cleanout valve	ugh cracks in
(7) IT	EMS LOST OR DAMAGED						
Γ.	Additional items may be in	sted on	a separate sheet, numbe	red conse	ecutively f	ollowing the items listed bel	ów.
	PDAP requires pictures to						
Desc	ription of item(s)						
1.							
2.			, , , , , , , , , , , , , , , , , , , ,		11111		_
3. 4.							-
5.							- -
	ECLARATION						
í am	the Applicant or I am named a		•			ve: on-Profit Organization or Co	ommunal
'	Organization that carrie	age, a v s on bu	siness in Saskatchewan;	пр, согр	Mation, IN	MH folk Organization of Oc	ninina iai
•	·	•	ee to the conditions of the	_			.
•	consent to and authoriz government ministry, ag	e the re jency, c	elease of any information to or third party, for the purpo	to the Pro ose of ve	gram adn ifying info	nintstrators relating to claim rmation under this application	on;
	 authorize the Ministry of Government Relations to request information from any federal or provincial government ministry 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; 					vernment pplication or	
•	 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; 						
'	review committee that r	nay be	established for the purpor	ses of this	Program	iting to my application or pa , in the event that a review i	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; 						
						n my participation in the Pro Program or any similar progr	
	province, with respect to	o the sa	ime expenditures claimed	on this a	pplication	;	
•	federal, provincial, or m	unicipa	I governments in respect	to any cla	im on this		
	have not knowingly sub is true and correct in ev			formation	and that	the information given on thi	is application
	1114						
	Applicant Sign	ature(s)			Witness Signature	
Da	ted D D M M	Y	Y Y Y				
Ple	ease return original applicat	lon for	ms to:	10 1 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Provincial Disaste P.O. Box 227 REGINA SK S4P		istance Program (PDA	AP)			
PI	AP cannot accept emailed or	faxed f	orms. All applications mu	ist be orig	inal, sign	ed documents.	
			Store Service States			nesety accord	i disa
		W. 345-7.					



PROVINCIAL DISASTER ASSISTANCE PROGRAM (PDAP) Claimant Written Statement

Claimant(s) Name:	_
Affected Address:	
Statement of Event: (Describe the event and measures you have taken)	
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	_
	
Claimant Signature(s)	_
Date	



PROVINCIAL DISASTER ASSISTANCE PROGRAM (PDAP) Private Property Triage Form

Municipality/City/Town	PCC Number (if known)			
RM of Saltcoats				
Name (last, first): Name must match application form	- BULL MELLANY ,			
A 66 A. J. A. J.J				
Affected Address:				
GENERAL				
Diedaleity	Off Off			
Is there evidence of sewer back-up including odour or visible sewage? Yes] No			
Is there evidence of mould? Yes No				
If yes, describe location(s):				
Has there been any visible foundational issues (movement, cracks, shifting)?	es No			
If yes, describe location and extent of issues:				
Are there safety concern(s) that present an immediate danger? Yes	No			
If yes, identify:				
Do you have property insurance? Yes No				
Have you been denied coverage for this loss? Yes No	Pending			
For flooding disasters, at its' highest level, how high was the water in the affected build	ling?			
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 W	atter fronter (term of 5 min)			
Displacement				
Are you currently displaced? Yes No				
Is Emergency Social Services (ESS) assisting you? Yes No				
Date displacement began Return Date				
Where are you staying? Hotel Family/Friends Rental Unit	Other:			
If Other, describe arrangements:				
Principal Residence Owner Tenant				
Number of people living at affected residence: Adult(s) (18+) Minor(s) _				
Was this residence occupied by applicant(s) on the day of the disaster? Yes] No			
If no, explain:				

mall 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:
Emergency Response (measures taken to prevent further damages or to provide public safety during the ligible event)
Have you incurred expenses related to emergency response? Yes No
If yes, what is the approximately dollar value spent to date?
Please be advised that receipts and photos must be provided to PDAP to substantiate the neasures being taken and costs incurred for emergency response.*
I declare all information to be true.
Signature(s) of Applicant Date

Date: _

PROVINCIAL DISASTER ASSISTANCE PROGRAM (PDAP) Cleanup Details Form

aimant(s) Name:				
fected Address:			1. 5	
ease list the following info	rmation for cleanup:		"	
Please keep and provide of Clean-up Hours: Indicate Equipment used with clean include invoice of the Include invoi	actual hours worked. I nup: or copy of invoice if equipr n equipment include the ty	ment was rented; /pe, size, model n	umber, horse power (if applicat	ole)
<u>Example:</u> Flooding: w	et vac – owned, 10 hours, remo ther Relevant Info: electrical in	oved water from base spection to reconnect	ment carpet electricity - involce included;	
	JD 7810, 2 WD tractor with from chainsaw , rented, 5 hours, – re ½ ton truck, owned, 3 hours –	emoving damaged tree	10 hours – loading debris onto truck e limbs, invoice included ee debris	
vent: 🗆 Flooding/h	eavy Rain/Severe Storm	ı 🗆	Tornado	
-	_		Tornado	
quipment Used:				
ype and model of equipme	nt Owned/Rented	Hours Used	Explanation of Use	
			AND THE PARTY OF T	
				_
	□ Owned □ Rented			·····
WAR 1	_ Owned □ Rented			
1811	□ Owned □ Rented	-		—
	□ Owned □ Rented			_
	□ Owned □ Rented			_
	_ □ Owned □ Rented			
	□ Owned □ Rented	.		_
Other Relevant Informat	ion to Substantiate C	laim:		
,				
			THE STREET	
****			100 THE THE THE THE	
Claimant Signature(s)				

PROVINCIAL DISASTER ASSISTANCE PROGRAM (PDAP) Private Property Application Instructions

This document is meant to assist with completing an application for Provincial Disaster Assistance.

General Guidelines

- 1. Application must be submitted within six (6) months of the date of disaster.
- 2. Both sides of the application must be completed and the application must be signed prior to being processed.
- 3. A Private Property Triage Form must be completed in full and submitted with each application in order for the Program to identify priority cases.
- 4. All claimants must submit a letter from their insurance provider detailing coverage prior to the application being processed. In addition, the following information is required:
 - a. Small business (includes agricultural operation) applications require proof-of-income; a tax return showing the **gross** income of farming operations, rental property or business revenue for the most recent tax year is required. Note: un-audited financial statements or statements which only list net income and/or expenses will not be accepted as proof-of-income.
 - b. Charitable organization, park authority and board applications need to provide proof-of-charitable status documentation or registration information; only providing registration numbers is insufficient. Not-for-profit organizations, volunteer groups and community groups need to provide a mission statement outlining their activities and involvement in community.
 - c. Tenants are required to submit a copy of their current lease agreement which indicates the names of those that occupy the property. If there is no lease, a letter from the tenant's landlord indicating the names of those that occupy the property. All names must be identified on the application.

(1) APPLICATION TYPE

One application type is accepted per application; if you have damage that affects multiple category types, separate applications must be filled out. For example, if you have a house on your farm and both your house and land sustain damage, two applications (one for home owner, one for agricultural operation) are required. If you are a landlord and have multiple damaged rental units, one application is sufficient, with all rental units listed.

- Home owner category is for people who own the property being claimed and live their as their principal residence on a day to day basis.
- Agricultural operations category is for people who derive revenues from carrying on a farming operation in Saskatchewan.
- Tenant category is for people who rent the property in which they use as their principal residence on a day to day basis.
- Small business category is for people who operate a small business in Saskatchewan for profit.
- Non-profit organizations is a corporation, organization, foundation, society or association that is
 a registered charity within the meaning of *The Income Tax Act* (Canada), is incorporated or
 continued pursuant to an Act or an Act of Parliament of Canada for the purpose of providing
 social, charitable or recreational services;
- Park Authorities can include regional parks, provincial parks, the Wascana Centre Authority, the Meewasin Valley Authority or the Wakamow Valley Authority.

(2) APPLICANT INFORMATION

Only individuals whose names are listed on the application can be contacted to discuss matters pertaining to the claim; minors (those under the age of eighteen) should not be listed. Cheques will be made out to the name(s) listed on the application. If the claimant authorizes the Program to correspond with a person other than the claimant, the contact information should also be included.

Contact information listed should be the primary mailing address where all correspondence will be sent and the telephone number where applicant can be reached. In situations where applicants will be absent

from their primary residence for an extended period of time (e.g. illness, relocation out-of-province/country), alternative contact information should be listed.
(3) DAMAGED PROPERTY INFORMATION Provide the actual address of damaged property. Legal land description is accepted.
For Agricultural Operation claims: Up to 12 quarter-sections of land can be claimed per application; additional legal land descriptions can be provided on a separate sheet if necessary. If you have land in more than one RM you can make additional applications.
(4) LAND OWNER'S AUTHORIZATION This section only needs to be filled out if you are claiming for an agricultural operation. If you rent or lease land and are claiming for the rented/leased land, the Land Owner's section must be completed by the property owner. Either the owner or the renter of the land can make a claim for that property, but not both.
(5) INSURANCE INFORMATION For all home owner, tenant and small business claims, PDAP requires a letter from your insurance company which either denies coverage or details the extent of coverage that will be provided. Verbal denial of coverage for losses or emails will not be accepted; written documentation must be submitted with each application. All insurance letters should be addressed to the person(s) or business name listed on the PDAP application and are to be signed. People with no insurance on their belongings need to self-identify a lack of coverage. PDAP staff cannot contact insurance agents regarding your claim.
(6) TYPE OF LOSS Check all applicable boxes; if additional types of damage have occurred.
(7) ITEMS LOST OR DAMAGED All damaged items and structures should be photographed prior to performing any repairs. If it is not possible to save damaged items due to health concerns (mould, sewage, etc.), photos of the items should be taken prior to disposal. Photos need to accurately depict age/condition of item at time of loss and should be given to the adjuster at time of assessment. PDAP will not reimburse for items for which no proof-of-loss can be accurately established or for which identity of items cannot be determined. List items which need replacing or repair with original purchase date; attach a separate sheet if necessary.
(8) SIGNATURE OF CLAIMANT AND WITNESSES All applications must be signed and dated prior to processing. Applications that are not signed will be held until the applicant is contacted and a signed application is submitted. Witnesses must not be applicants listed on the application.
Application Checklist
Application
Claimant Statement
Letter from Insurance
Gross revenue statement (small business claims)
Private Damage Triage form
Lease Agreement (tenants only) Proof of non-profit status (if applicable).
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Mail applications and supporting documentation to:

Provincial Disaster Assistance Program

P.O. Box 227

REGINA SK S4P 2Z6

PDAP cannot accept emailed or faxed forms; original signed document needs to be submitted. All photos, samples and receipts should be kept and provided to the adjuster during assessment.