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

PROVINCIAL DISASTER ASSISTANCE PROGRAM (PDAP)

Private Property Application DESIGNATED DISASTER AREA:

APPLICATION NUMBE	3E	ЛB	IN	U	Ν	V	1(IO	T	A	IC	L	P	Р	A
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For office use only

Municipality Name	Date of Loss	Type of Event					
City of Prince Albert	June 01, 2023	Heavy Rain					
(1) APPLICATION TYPE							
Please check one box per application; if more than one category applies, use separate applications:							
Registered Home Owner (Principal Re	Registered Home Owner (Principal Residence Only)						
Number of people living at affected res	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 PDA	AP claim no PCC Year Previous	Claim No.					
	e print)						
Name(s) (Last, First, Middle Initial)							
Business Name (If damage is to an income of	r business property)	Name of Contact Person					
Mailing Address Street	City, Town or Village	Postal Code					
Primary Telephone Number Secondary Tele	ephone No. Cell Phone Number Ema	ail Address					
☐ ALTERNATE ADDRESS AND TELE	PHONE NUMBER I CAN BE CONTACTED	AT:					
()							
Address Street City, Town	or Village Postal Code	Telephone Number					
l (3) DAMAGED PROPERTY INFORMATION (Damaged property must be owned by the	(3) DAMAGED PROPERTY INFORMATION IF DIFFERENT FROM MAILING ADDRESS. (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 s	heet with Legal Land Descriptions.						
For flooding disasters, at its highest level		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						
Is there evidence of mould?							
Electricity	Water/Sewer O	n					
Natural Gas	Telephone O	n 🗌 Off					
Are there safety concern(s) that present ar	immediate danger?	es 🗌 No					
If Yes, Identify							
Has there been any visible foundational iss	sues (movement, cracks, shifting)?	Yes □ No					
If yes, describe the location and extent of i	ssues:						



(4) INSURANCE INFORMATION	NC					
Do you carry insurance for you	r residence/bu	ildings and/or belongings?	?	☐ Yes	☐ No	
Name of Insurance Broker/Age	ent		Telephone Number ()			
Date Broker/Agent was Has your claim been denied by your ins				er?		
Notified of the Damage and Loss	☐ Yes	(Please attach written c			urance agency/broker.)	
	☐ No	(Please provide an exp			Pending	
All residential, small business/agricultural operations and tenant claims require a signed letter from their insurance provider (not 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	O	verland Flooding or Seepa	age	☐ Both sewe	er back-up and seepage	
☐ Plow Wind/Tornado	Of	ther : (describe)				
Overland Flooding is water e cracks in walls and/or floor s cleanout valve.	slab. Sewer b	lding through surface op ack-up is water and/or s	penings sewage (; seepage is water coming up from dra	entering a building through ains, toilets, sump pits or th	
(6) CLAIMANT WRITTEN STA						
Statement of Event : (Describe the event)	vent and measures	s you have taken including dates	- II addition	nai room is required pieas	e attach a separate sheet)	
1						



(7) ITEMS LOST OR DAMAGED

Deceription of Itam/a)					
<u>Description of Item(s)</u>			_		
3 5.			4 6.		
-					
9.			10.		
11			12		
13.			14		
8) DISPLACEMENT (Reside	ential)				
Are you currently displaced	?	Yes	☐ No		
s Emergency Social Services	(ESS) assisting you	? Tes	☐ No		
Vas this residence occupied I	by applicant(s) on the	e day of the disas	ster? \ \	′es □ N	lo
f no, explain					
Date displacement began			Return Dat	e:	
Where are you staying?	Hotel	Family/Friends			Other
f Other, describe arrangemer	nts:				
9) DISPLACEMENT (Small I		g agricultural on	perations and la	ndlords)	
Can your business operate				☐ Yes	No
no, describe why not:		-		_	
,					
On you own trent or lease you	ır husiness huilding?		□ Own □	Rent 🗆	Lease
	_	onto eta d?	□ Own □	Rent	Lease
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f rented or leased, has the pro-	operty owner been co		Yes	No	Unable to contact
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(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 Saskatchewan Public Safety Agency 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 the Saskatchewan Public Safety Agency;
- consent to and authorize the Saskatchewan Public Safety Agency 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 the Saskatchewan Public Safety Agency, or its designated representatives, to enter the premises identified on the application for the purposes of verifying information under this application;
- understand that the Saskatchewan Public Safety Agency 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		

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 01, 2023

