

Disaster Recovery Assistance for Ontarians: Application Form

NOTE: The application deadline is 120 calendar days from the date Disaster Recovery Assistance for Ontarians was activated. Applications will not be accepted after the deadline. Please check our website at www.ontario.ca/disasterassistance or call 1-844-780-8925 to verify the application deadline for this event.

Instructions:

1. Complete all required sections on this application. Print clearly. Note that some fields may not be applicable to your claim.
2. If working from a computer, save your work often.
3. Refer to the Disaster Recovery Assistance for Ontarians guidelines while filling out this form.
4. Attach any available supporting documents to this form, such as invoices, receipts, estimates, or photos.
5. Submit your completed application as soon as possible to allow the ministry to make a decision on your application sooner.
6. Return completed applications by email to disasterassistance@ontario.ca or by mail to Disaster Recovery Assistance - Ontarians, P.O. Box 73038, Wood Street Post Office, Toronto Ontario, M4Y 1X4.

Name of Disaster Event (please check program activations at www.ontario.ca/disasterassistance):

Total Amount of Assistance Requested:

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

Homeowner Tenant Small Business Farm Not-For-Profit Organization

All applications are subject to audit. Please retain original documentation for seven years for this purpose. No costs claimed in this application may be claimed under insurance coverage or any other assistance program. If any part of this application is found to be based on false or misleading information, the Ministry of Municipal Affairs and Housing may demand immediate repayment from the applicant and may avail itself of legal remedies as appropriate to recover funds from the applicant.

If you have questions about completing this application form, please contact: 1-844-780-8925.

APPLICANT INFORMATION

Last Name	First Name	Title
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Position Title (only required for small business, farm, or not-for-profit organization applications)

Legal Name of Business (only required for small business, farm, or not-for-profit organization applications)

Mailing Address

Unit Number	Street Number	Street Name	P.O. Box
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City / Town	Province	Postal Code
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Home Telephone Number	Work / Mobile Telephone Number	Email Address
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Number of People in the Household

(only required for home owner or tenant applications; include all people living in the same residence)

Adults (age 18 and older): _____ Children (ages 2 to 17): _____ Infants (under age 2): _____

Have you initiated, or do you plan to initiate, civil litigation to recover losses related to the disaster event?

Yes No

DAMAGED PROPERTY

Damaged Property Address (if different from mailing address)

Unit Number	Street Number	Street Name	P.O. Box
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City / Town	Province	Postal Code
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Cause of Damage / Loss (e.g., flood waters, fire, high winds, etc.)

Brief Description of Action Taken to Date (also complete Appendix A)

Brief Description of Damage / Loss (also complete Appendix B and Appendix C)

INSURANCE AND OTHER FORMS OF ASSISTANCE INFORMATION

Is the Damaged / Lost Property Insured?

Yes No

Insurance Policy Number

Name of Insurance Company

Name of Insurance Broker / Agent

Telephone Number

Date Broker / Agent was
Notified (DD/MM/YYYY)

Action Taken by Insurance Company
(e.g., amount paid, claim denied, or field adjuster sent)

Do you have a copy of an insurance adjuster's report or any other documentation to establish your claim from your insurer?

Yes (if yes, please attach) No

Did you receive recovery assistance from any other organization / source related to the disaster for which assistance is requested in this application?

Yes No

If yes, please specify:

Name of Organization / Source: _____

Nature of Assistance (e.g., money, food, or clothes): _____

Dollar Value (if applicable): _____

I hereby authorize and direct my insurance company and insurance broker / agent named above to cooperate fully with the Ministry of Municipal Affairs and Housing and its authorized representatives and to provide the ministry with any information or documents it may request, including personal information, concerning coverage available and losses paid under the policy referred to above.

Signature

Date (DD/MM/YYYY)

SPECIAL PROVISIONS FOR LOW-INCOME HOUSEHOLDS (for home owners and tenants only)

Note: Low-income applicants whose household income falls below the program's low-income thresholds may apply to have the \$500 deductible waived. Low-income applicants may also apply for assistance for damage caused by sewer back-up which is not otherwise eligible under the program. For the program's current low-income thresholds, visit the Ministry of Municipal Affairs and Housing website at www.ontario.ca/disasterassistance.

Are you applying for the Special Provisions for Low-Income Households?

Yes No

If yes, please complete the Special Provisions for Low-Income Households application form found on the program website at www.ontario.ca/disasterassistance. If you require assistance, please contact: 1-844-780-8925.

SMALL BUSINESS, FARM, or NOT-FOR-PROFIT ORGANIZATION

(not required for homeowner or tenant applications)

Complete the section that corresponds to your application type.

Failure to complete Section A, B or C may result in your application not being eligible.

SECTION A - FOR SMALL BUSINESS APPLICATIONS

Are you the day-to-day manager and / or operator of the business? Yes No

Do you depend on the business for your livelihood? Yes No

Does the business have between \$10,000 and \$2,000,000 in gross revenues per year? Yes No

Does the business have the equivalent of 20 full-time employees or fewer? Yes No

Legal Name of Business: _____

Harmonized Sales Tax (HST) or Business Number: _____

Corporation Number (if applicable): _____

Note: For **supporting documentation that must be submitted** with your Small, Owner-Operated Business application, please refer to **section 4.1** of the program guidelines, found at www.ontario.ca/disasterassistance.

SECTION B - FOR FARM APPLICATIONS

Are you the day-to-day manager and / or operator of the farm? Yes No

Do you depend on the farm for your livelihood? Yes No

Does the farm have between \$10,000 and \$2,000,000 in gross revenues per year? Yes No

Does the farm have the equivalent of 20 full-time employees or fewer? Yes No

Farm Business Registration Number: _____

Note: For **supporting documentation that must be submitted** with your Small, Owner-Operated Farm application, please refer to **section 6.1** of the program guidelines, found at www.ontario.ca/disasterassistance.

SECTION C - FOR NOT-FOR-PROFIT ORGANIZATION APPLICATIONS

Does the organization provide a service to the broader community and allow public access to its facilities?

Yes No

Does the organization use all of the profits made (if any) to carry out its goals and objectives?

Yes No

Legal Name of Not-for-Profit Organization: _____

Charity Registration Number (if applicable): _____

Note: For **supporting documentation that must be submitted** with your Not-for-Profit Organization application, please refer to **section 5.1** of the program guidelines, found at www.ontario.ca/disasterassistance.

DECLARATION

I declare that all the information I am providing, is to the best of my knowledge, true and accurate. I authorize the Ministry of Municipal Affairs and Housing to collect information, including personal information, from any third party for the purpose of administering this application. I authorize any third party to share relevant information with the Ministry of Municipal Affairs and Housing and the ministry's program adjustor.

Signature

Date (DD/MM/YYYY)

I have the authority to apply as the homeowner/tenant or on behalf of the small business, farm operation, or not-for-profit organization, as the case may be.

Personal information contained in or required by this application is collected by the Ministry of Municipal Affairs and Housing under the authority of Disaster Recovery Assistance for Ontarians. The information is collected and used for the purposes of Disaster Recovery Assistance for Ontarians, including (1) processing applications/claims, (2) assessing eligibility for assistance, (3) verifying information provided under the program, (4) processing payments and (5) performing audits. In addition, the information may be used to recover payments made under the program where the ministry determines that such payments were unauthorized. **Inquiries** about the collection of information may be directed to the Senior Information Management and Privacy Advisor, Ministry of Municipal Affairs and Housing, 17th Floor, 777 Bay Street, Toronto ON M5G 2E5, (416) 585-7513.

Submit this form, along with copies of any other pertinent information, to:

Disaster Recovery Assistance for Ontarians
P.O. Box 73038
Wood Street Post Office
Toronto, Ontario
M4Y 1X4

or

disasterassistance@ontario.ca

Please complete Appendices A, B, and C below, and attach all relevant documentation to this form. Please add as many pages as needed.

APPENDIX C - REPAIR AND REPLACEMENT EXPENSES

Sewer Backup

Did your sewer, floor drain or sump pump back up? Yes No

If yes, describe:

Note: Receipts and, where possible, photos must be attached to provide evidence of damage and costs, and demonstrate that they are directly related to the disaster event. See the program guidelines for details.

Item Repaired or Replaced	Description of Attached Documentation (please number the documents you are attaching and reference the number here)	Amount Applied For

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