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## 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.

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### (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 there 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.

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### (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.

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### **(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.

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### **(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.

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### **(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.

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### **(6) TYPE OF LOSS**

Check all applicable boxes; if additional types of damage have occurred.

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### **(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.

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### **(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.

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## **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).

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.



## Provincial Disaster Assistance Program (PDAP) Private Property Application

**DESIGNATED DISASTER AREA**

Municipality Name <b>RESORT VILLAGE OF CANDLE LAKE</b>	Date of Loss <b>June 15-29, 2011</b>	Type of Event <b>Flooding</b>
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**(1) APPLICATION TYPE**

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Home Owner (Principal Residence Only) | <input type="checkbox"/> Agricultural Operation | <input type="checkbox"/> Small Business   |
| <input type="checkbox"/> Tenant                                | <input type="checkbox"/> Park Authority         | <input type="checkbox"/> Other (explain): |
| <input type="checkbox"/> Non-Profit: (Describe type)           |   |   |

**(2) APPLICANT INFORMATION** *(please print)*

Name(s) <i>(Last, First, Middle Initial)</i>			
Business Name <i>(If damage is to an income or business property)</i>		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 Address - Urban <i>(Legal land description accepted)</i>	Street	City, Town or Village			Postal Code
Damaged Property Address - Rural	QTR	SEC	TWP	RGE	WEST of
	_____	_____	_____	_____	_____
	QTR	SEC	TWP	RGE	WEST of
	_____	_____	_____	_____	_____

**(4) LAND OWNER'S AUTHORIZATION**

<b>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.</b>			
Registered Owner(s) Name(s) <i>(Last, First, Middle Name or Initial)</i>			
Address	Street	City, Town or Village	Postal Code
Telephone Number ( )			
Tenant Name			

**(5) INSURANCE INFORMATION**

Do you carry insurance for your residence/buildings and/or belongings? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
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.)
All residential, small business and tenant claims require a signed letter from their insurance provider, stating if any coverage will be provided. Verbal denials and emails will not be accepted as proof of a lack of insurance coverage.	

**(6) Type of Loss**

- Sewer-back up                       Overland Flooding or Seepage                       Both sewer back-up and seepage
- Plow Wind/Tornado                       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) 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(s) and provided to the adjuster.

**Description of Item(s)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**(8) 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, 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 claim from any government ministry, agency, or third party, for the purpose of verifying information under this application;
- authorize the Ministry of Corrections, Public Safety and Policing (CPSP) 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;
- 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 CPSP;
- consent to and authorize CPSP 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 CPSP, or its designated representatives, to enter the premises identified on the application for the purposes of verifying information under this application;
- understand that CPSP 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)

\_\_\_\_\_

Witness Signature

Dated    

D	D	M	M	Y	Y	Y	Y
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Please return original application forms to:

**Provincial Disaster Assistance Program (PDAP)**  
**P.O. Box 227**  
**REGINA SK S4P 2Z6**

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 29, 2011**







## PROVINCIAL DISASTER ASSISTANCE PROGRAM (PDAP) Private Property Triage Form

<b>Municipality/City/Town</b>  RESORT VILLAGE OF CANDLE LAKE	<b>PCC Number (if known)</b>  
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**Name** (last, first): \_\_\_\_\_  
Name must match application form

**Affected Address:** \_\_\_\_\_

### GENERAL

Electricity  On  Off      Water/Sewer  On  Off  
Natural Gas  On  Off      Telephone  On  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): \_\_\_\_\_

Is there been any visible foundational issues (movement, cracks, shifting)?  Yes  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

For flooding disasters, at its' highest level, how high was the water in your property?

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

### 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: \_\_\_\_\_

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**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: \_\_\_\_\_

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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: \_\_\_\_\_

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**Emergency Response** (measures taken to prevent further damages or to provide public safety during the eligible event)

Have you incurred expenses related to emergency response? Yes  No

If yes, what is the approximately dollar value spent to date? \_\_\_\_\_

I declare all information to be true.

\_\_\_\_\_  
Signature(s) of Applicant

\_\_\_\_\_  
Date