



PRIVATE SECTOR APPLICATION FOR DISASTER FINANCIAL ASSISTANCE (DFA) Home Owner or Residential Tenant

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PLEASE CHECK APPROPRIATE BOX or boxes:

Home Owner Residential Tenant

Please refer to the DFA Guidelines for further program information.

The application deadline is 90 days from the date DFA was authorized.
Please check our [website](#) or call toll free 1-888-257-4777 to verify the application deadline for this event.

Indigenous Status (First Nation, Inuit, or Metis): YES or NO **On First Nations Reserve?** YES or NO

Name of First Nations Reserve:

APPLICANT INFORMATION (Required)

Name(s) <i>[Last, First, Initial]</i>		Date of Damage	
Damaged Property Address <i>Street</i>		<i>City/Town</i>	<i>Province</i> <i>Postal Code</i>
Mailing Address <i>(If different from damaged property address)</i> <i>Street</i>		<i>City/Town</i>	<i>Province</i> <i>Postal Code</i>
Residence Telephone Number () -	Cellular Telephone Number () -	E-mail Address <i>(Correspondence will be sent to this address)</i>	
Alternate contact name and telephone number where you can be reached (if applicable) () -			

For Residential Tenant/Renter Applicants:

Provide Registered Building Owner(s) and/or Landlord(s) Name(s)	Contact Telephone Number(s) () - () -
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DAMAGED PROPERTY INFORMATION (Required)

Cause of Damage/Loss <input type="checkbox"/> Flooding <input type="checkbox"/> Landslide <input type="checkbox"/> Windstorm <input type="checkbox"/> OTHER:	Manufactured Home? <input type="checkbox"/> YES or <input type="checkbox"/> NO
Brief Description of Damage/Loss (See Appendix A for cleanup hours, Appendix B for damaged items)	

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MANDATORY INFORMATION – Failure to complete this section may result in your application being assessed as not eligible.

Do you have insurance coverage for the damage/loss that incurred?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
As the Home Owner or Tenant, do you occupy this property as your principal residence	<input type="checkbox"/> YES or <input type="checkbox"/> NO
As the Home Owner, are you eligible for a BC Home Owner Grant for this property?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Excluding luxury/non-essential items and landscaping, do your losses total more than \$1,000?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Were you evacuated during the event?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
If yes, when did you return to the residence?	Date:
Are you now residing in the residence?	<input type="checkbox"/> YES or <input type="checkbox"/> NO

List the names of all full-time occupants who resided in the home at the time of the event:	

APPENDIX A – CLEAN UP LOG – (Not required with initial application, may be submitted at a later date) Please track, on a daily basis, the number of hours you, your family and friends spent on cleanup. For further information about cleanup and disinfection, please refer to [Recovering After a Flood](#) which is available on the [DFA website](#) or by contacting our office toll-free at 1-888-257-4777.

APPENDIX B – DAMAGE ASSESSMENT - list all items damaged or lost by room. Please have this available for the evaluator during the site visit.

If further items are identified after submitting your application, please keep a list of new items and have it available for the evaluator at the site visit. **You may also be required to provide additional documentation to support your application**

- A copy of a rental agreement or lease, if applicable (for residential tenant application).
- If you have invoices/receipts for cleanup or repairs, please have them available during the site meeting to help the evaluator identify eligible costs.

CONSENT TO COLLECT/RELEASE INFORMATION: I/We authorize Emergency Management BC (EMBC) to disclose all personal information that I/we provide to EMBC and that EMBC collects about me/us to other relief organizations and governments that are offering any assistance whatsoever as a result of this disaster. I/We give EMBC my/our permission to use my/our personal information to fully evaluate my/our post-disaster circumstances to determine my/our eligibility for disaster financial assistance. I/we give my consent to the exchange of information between EMBC (or its agent) and Provincial Government Ministries and Crown Corporations, to receive information and to verify that the information provided by myself/us is accurate. This consent is valid for one year from the date of signing.

I/We authorize BC Assessment to provide representatives from Emergency Management BC with confidential information about my property. This information will assist Emergency Management BC in assessing damages from the recent authorized DFA event.

Personal information on this form is collected under the authority of the *Emergency Program Act*. The information will be used to determine eligibility for Disaster Financial Assistance. If you have any questions about the collection of this information, contact Emergency Management BC. Personal information is protected from unauthorized use and disclosure in accordance with the *Freedom of Information and Protection of Privacy Act* and may be disclosed only as provided by that Act.

DECLARATION I/We do solemnly declare that the foregoing representative statements are to the best of my/our knowledge, information and belief, true in every particular detail, and I/we make this solemn declaration conscientiously, believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.

I/We understand that by signing this application I/we are confirming that any funds recovered through civil litigation or other sources that are attributable to eligible expenses, up to a maximum amount of what I/we have receive under DFA for those expenses, must be repaid to the Province.

Signature of Applicant	Date (yyyy/m/day)	Signature of Applicant	Date (yyyy/m/day)
Print Name		Print Name	

TO APPLY, PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO:

E-mail: dfa@gov.bc.ca
Emergency Management BC, PO Box 9201 Stn Prov Govt, Victoria BC V8W 9J1
Telephone: 1-888-257-4777 (Toll Free) Fax: 250 952-5542

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APPLICANT NAME: _____

APPENDIX A

CLEANUP LOG

Please do not wait for the evaluator to arrive before beginning your clean up.

1. Where possible, applicant should take pictures of damaged contents.
2. For structural damage, if the repairs must be done before the evaluator arrives, please take pictures of the damage before it is repaired.
3. If you have rented or hired equipment or other suppliers to assist you with cleanup, keep receipts or invoices. You may provide these receipts to the evaluator during the site visit.
4. For further information about cleanup and disinfection, please refer to [Recovering After a Flood](#) which is available on the [DFA website](#) or by contacting our office toll-free at 1-888-257-4777.

Date (yyyy/m/day)	Name of Family Member/Volunteer	Hours Worked	Description of Work	EMBC Office Use Only

EMBC Office Use Only: DFA eligible hours worked _____ @ minimum wage = TOTAL \$ _____

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APPLICANT NAME: _____

APPENDIX B

LIST BY ROOM ITEMS SUBMITTED FOR DAMAGE ASSESSMENT (continued)	EMBC Office Use Only:
Description of Damaged Items Listed by Room	Comments