

EMERGENCY MEASURES ORGANIZATION

Application for Disaster Financial Assistance



Instructions:

1. Please fill out all sections on this application. Print clearly.
2. Return completed applications to EMO.

Claim Type: Home Farm Business Non-profit Organization

First Name, Business or Organization Name shown on property tax bill			Middle Name Initial	Last Name				
Mailing Address				City, Town, Village				
Province			Postal Code	Contact person name (if different than above)				
Phone Numbers	Primary		Secondary		Tertiary			
Email Address	Primary		Secondary		Tertiary			
Date of Loss From	(dd)	(mm)	(yyyy)	To	(dd)	(mm)	(yyyy)	Type of Event (flood, heavy rains, wind storm, tornado, etc.)
Damaged Property Information								
Address of damaged property (if different from the address above)				Local Authority of damaged property (Municipality, City, Town)			Tax Roll Number(s) of damaged property	
Is the person filling out this application the Registered Property Owner?								<input type="checkbox"/> Yes <input type="checkbox"/> No

Please check those that apply:

<input type="checkbox"/> Homeowner, or <input type="checkbox"/> Tenant	
Residential	Is this application for damage to my principal residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the home habitable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Evacuation	Number of occupants evacuated: _____
	Evacuation Dates: Start Date: _____ End Date: _____
Commercial	<input type="checkbox"/> My farm or business has gross annual revenues between \$10,000 - \$2,000,000 per year
	<input type="checkbox"/> I am the day to day manager of my business
	<input type="checkbox"/> My damages are for crop losses only

Application for Disaster Financial Assistance (continued)

Briefly describe the damages / and or losses:

What is the source of flooding?

- Overland Flooding Seepage Back-up or Escape of Water / Sewage / Sump

Were you at the property when damage occurred? What was the depth of water?

- Yes No Basement: ___ feet ___ inches Main floor: ___ feet ___ inches

Have you contacted your insurance provider?

- Yes No

Briefly describe the status of your insurance related to the damages:

For additional information visit: www.manitobaemo.ca

Emergency Measures Organization
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Winnipeg, Manitoba R3C 3L6
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Fax: 204-945-4929
Email: dfa@gov.mb.ca

OFFICE USE ONLY
Date Received: _____
Claim Number: _____

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