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| **Your DRC File Number will be provided to you when you make your application. Please quote it for all correspondence** | **Office Use Only** **DRC FILE NO.**  |
| **Application for Assistance for Losses and Damages**Ontario Disaster Relief Assistance Program (ODRAP)**Central Algoma Joint Disaster Relief Committee** Representing the Township of Macdonald, Meredith & Aberdeen Additional, Township of Laird, Township of Plummer Additional and Municipality of Huron Shores.If you require help or have any questions about this application, please call the Central Algoma Joint Disaster Relief Committee Office at (705) 248-2613.Identification which verifies your address must be presented with your application.Deadline for submission of this application is March 31, 2014.Applications are to be submitted to the Central Algoma Joint Disaster Relief Committee Office, 208 Church St. P.O. Box 10, Echo Bay, ON P0S 1C0 |
| **All claims are subject to audit. If a claim is found to be suspicious or based on false or misleading evidence, a criminal investigation may result.** |

**1.0 INSTRUCTIONS:**

1. Please submit one form per household. Tenants can submit a separate form. Please fill in all appropriate answers on this form. **PRINT** clearly.

2. If your claim includes emergency living expenses only, please include only receipts and details of the emergency

costs (such as food, clothing, etc.) that have not been recovered through other means (insurance, aid agencies, etc.).

**2.0 PERSONAL INFORMATION:**

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| Last Name of Applicant: | First Name of Applicant: |
| Name of Co-Applicant: |
| Municipality: | Number of People Living in Household: |
| Address Where the Damage Occurred: | Tax Roll No.: |
| Home Phone: | Work Phone (if applicable):  |
| Email Address (if applicable): |
| Mailing Address (if different from Address Where the Damage Occurred): |

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| I am applying as the:􀂆 Owner of the property where the damage occurred.􀂆 Tenant of the property where the damage occurred. |
| Provide your address and telephone number and e-mail address if different from above: |

**3.0 NOTICE OF COLLECTION OF PERSONAL INFORMATION:**

By making an application for assistance to the Disaster Relief Committee, the applicant agrees to the collection of personal information contained in or required by this form by the Disaster Relief Committee, the Municipality, its officers, directors, members, employees, volunteers or agents, to be used by any of these parties to verify and administer the claim being made hereunder by the applicant or to perform any audits required under ODRAP. (Inquiries about the collection of this personal information should be directed to the Township of MacDonald, Meredith and Aberdeen Additional, (705) 248-2613).

The Disaster Relief Committee or the Municipality may be required to give the information collected to the Ministry of Municipal Affairs and Housing for the purpose of administrating the ODRAP payments to the Municipality.

*Any information created or obtained by any person, organization or government body involved in the administration of this program is confidential and except as required by law, shall be used and disclosed for the purpose of administration of ODRAP.*

4.0 TYPE OF CLAIM:

## Residential

I am (check)

* Registered Owner
* Tenant (claiming for essential household goods only)

Is the residence the applicant’s primary home? Yes No

## Business Non Profit Organization Farm

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| Name of Business and type:  |
| No. of Permanent Employees PST No. GST No. |
| Address of Damaged Property |
| Non Profit Organization Incorporation No. and Charitable No. (if applicable)   |
| Farm Registration No. (if applicable) |
| Business Registration No. (if applicable) |

**5.0 IDENTITY & ADDRESS VERIFICATION:** **Address Verified \_\_\_\_\_**

Identification that verifies your identity and address must be presented with your application.

Check the box of the item you are using to confirm your identity and address. If you cannot provide the documents required, please contact the Disaster Relief Assistance Office at (705) 856-2658 for assistance.

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| **You need to a provide either a valid*** Provincial Driver’s License (The address on the license must match the address you are claiming assistance for)

**OR****You need to provide TWO of the following,** one of which **MUST** contain the address you are claiming assistance for (the name on both documents **MUST** also match): |
| * Utility Bill (Telephone, Hydro, etc.)
 | * Credit Card or Credit Card Statement
 | * Income Tax Statement
 |
| * Passport
 | * Birth Certificate
 | * Certificate of Canadian Citizenship
 |
| * Certificate of Indian Status
 | * Signed and dated tenant agreement
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**6.0 ELIGIBILITY GUIDELINES:**

The Ontario Disaster Relief Assistance Program is not intended to replace insurance policies provided by private insurance companies, or to be a blanket program to assist residents for all damages and losses caused by the disaster. It is intended to provide basic assistance to those who suffered hardship and loss due to the disaster, to cover essential costs, and to help individuals, small businesses, farmers and non-profit organizations get back on their feet as soon as possible. Additional repairs and replacement costs required to meet current provincial codes and standards for construction, access and fire and occupational safety are eligible.

The following is a general list of eligible and ineligible items for you to use when completing Section 8.0 Claim Information of this form.

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| Private Property / Homeowner Eligible and Ineligible Costs |
| Eligible Individuals* Home owner
* Resident or tenant for personal property only

Examples of Eligible Costs* Restoration, repair or replacement to pre-disaster condition of primary residence and garage
* Clean-up of property for safety reasons or to provide access
* Emergency living costs incurred during the period of the disaster (e.g. evacuation costs, accommodation and meals, essential clothing)
* Transportation costs related to evacuation from primary residence
* Essential furnishings including fridge, stove, washer and dryer, furnace, freezer, television;
* Food in freezers or root vegetables stored in root cellars may be eligible
* Heat and light supplies (e.g. fuel for light and heat, heaters)
* Essential baby items/furnishings
* Personal computer including software
 | Ineligible individuals:* Owner of seasonal home
* Tourist
* Renter of a seasonal home
* Owner of a home under construction

Examples of Ineligible Costs* Loss of income, loss of opportunity or inconvenience
	+ - Insurance deductibles
		- Non-essential furnishings, e.g. audio-visual equipment (DVD, video camera), recreational/sports equipment, recreation room furnishings, documents/books, tools, seasonal decorations, home office equipment not used for a business
		- Docks, boat houses, boat lifts, pleasure boats, recreational vehicles, trailers, swimming pools (unless owned by a business)
		- Luxury items such as jewelry, fur coats (unless used as a regular winter coat), cosmetics, etc
		- Antiques and collections
		- Losses recoverable at law
		- Personal injury damages
		- Meals and accommodation (except in cases of evacuation during the immediate disaster period)
		- Fences on private, non-farm property
		- Landscaping, fencing, driveways, retaining walls, garden or lawn damage other than for debris clearance
		- Loss of canned goods and refrigerated foodstuffs
		- Repair or replacement of personal vehicles lost or damaged
		- Private roads/bridges and erosion
 |
| **Note: Some eligible items may only receive coverage to a maximum allowable amount** |

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| Small Businesses |
| Eligible Businesses* Owner/operators of full-time and part-time small businesses
* Employ 100 or fewer employees
* Have a GST, PST or BN (Business Number)

Eligible Costs* Costs of restoration, repair or replacement to pre-disaster building structure, essential furnishings and equipment as a result of the disaster
* Cleanup, disposal and replacement of damaged inventory at cost
* Clean-up of property for safety reasons or to provide access
* Evacuation of chattels
* Tools or other items essential to the claimant’s livelihood
 | Ineligible Businesses* Principal owners of rental property who earn less than 50% of their income from renting
* Principal owners of a business with more that 100 employees

Ineligible Costs* Loss of potential revenue, overtime and lost-time salary costs of the business owner or employees
* Business loan costs
* Business insurance deductibles
* Costs incurred as an individual, or costs recoverable through any other program
* Capital, rental or service costs in excess of those required to restore facilities to pre-disaster condition, including additional renovation or facility enhancements
 |
| * **Note: Some eligible items may only receive coverage to a maximum allowable amount**
 |
| Farms |
| Eligible Farms* Owner/operators of full-time and part-time farm operations (part-time farmers are those who derived less than 50% of income from farming)
* Owner/operators of farm operations that have a valid Farm Business Registration number, declared farm income on the previous year’s income tax return or demonstration of recent farm income
* Tenant farmers for their operating equipment and costs for which they are responsible under their lease
* Start up farms with declared expenses

Eligible Costs* Livestock that could not be insured
* Crops already harvested and in storage
* Crops not covered by crop insurance
* Clean-up of property for safety reasons
* Restoring farmland to a workable condition
* Fences on working farms where livestock are kept
* Damage to building structure, moveables, working/ operating farm equipment and inventory as a result of the disaster
* Transportation/evacuation costs to evacuate livestock, farm chattels and inventory
* Alternative accommodation costs for livestock
* Orchard trees
* Damage caused by farmers to property while attempting to mitigate further loss
 | Ineligible Costs* Crops covered by insurance
* Additional financing costs
* Additional marketing costs
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| **Note: Some eligible items may only receive coverage to a maximum allowable amount** |

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| Non-Profit Organizations |
| Eligible Organizations* + Service clubs, charitable organizations, churches, cemeteries, private schools or other non-profit organizations that provide facilities or services to the community

Eligible Costs* + Costs of restoration, repair or replacement to pre-disaster condition to place of operationsand/or essential buildings
	+ Clean-up of property for safety reasons or to provide access
	+ Costs of restoration, repair or replacement to building structure, essential furnishings and equipment as a result of the disaster
	+ Only essential furnishings and equipment are covered
	+ Evacuation costs of chattels
 | Ineligible Costs* + Loss of potential revenue, overtime and lost-time salary costs of the organization members or employees
	+ Non-profit organization loan costs
	+ Costs incurred as an individual, or costs recoverable through any other program
	+ Capital, rental or service costs in excess of those required to restore facilities to pre-disaster condition, including additional renovation or facility enhancements
 |
| **Note: Some eligible items may only receive coverage to a maximum allowable amount**  |

7.0 INSURANCE AND OTHER FORMS OF ASSISTANCE INFORMATION:

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| Name of the insurance company which provides your homeowners insurance:Policy Number: |
| Name of insurance agent/broker: |
| Address:  | Telephone number:Do you have an insurance deductible? Yes  No If yes, what is the amount? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have an insurance policy for your: |  |
| Home |  Household Goods |  Business |  Non-Profit Organization |  Farm |
| Did you make a claim for the current declared disaster under your insurance policy?  Yes  No  |
| Please provide explanation why items you are claiming for are not covered by insurance. (Please attach additional pages if more space is needed). |
| Do you have a copy of an insurance adjuster’s report or any other documentation to establish why your claim was not covered by your policy? Yes  No If yes, please attach |
| *I hereby authorize and direct my insurer named below to cooperate fully with the Disaster Relief Committee, Municipality and /or the Ontario Ministry of Municipal Affairs and Housing and their authorized representatives and to provide them with any information or documents they may request concerning coverage available and losses paid under the policy referred to below.* |
| Signature: Date: |

**NOTE: The Disaster Relief Committee is not authorized to pay any insurance deductibles.**

**Other Relief Assistance Programs:**

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| For the current declared disaster, did you receive other relief assistance from any other organization/agency/source(ie. Red Cross, Salvation Army, Algoma District Social Services Administration Board, etc.)? Yes  No  |
| If yes, specify the name of the organization/agency/source, the nature of relief assistance and the dollar value. |

**8.0 CLAIM INFORMATION:**

**PLEASE REFER TO SECTION 6.0 ELIGIBILITY GUIDELINES BEFORE FILLING OUT THE REMAINDER OF THIS FORM TO ENSURE THAT YOU ARE ONLY CLAIMING ELIGIBLE LOSSES.**

**You must attach receipts or estimates for all costs claimed. You should take photos of any damaged goods which are disposed of for health/safety reasons. If you do not have receipts, you may be required to provide proof of loss for eligible items to the adjusters. Please keep copies of all receipts, estimates and applications for your own records.**

**If space above is insufficient, additional information may be attached to the claim.**

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| Type of Loss | **Amount being claimed ($)** |
| ODRAP | Insurance |
| Type of Loss(Column 1) | Description of Damage(Column 2) | Amount Claimed ($)(Column 3) | AmountClaimed ($)(Column 4) | AmountPaid ($)(Column 5) | AwaitingResponse(check)(Column 6) |
| 1.1Full time  permanent residence building |  |  |  |  |  |
| 1.2 Essential Household Goods |  |  |  |  |  |
| 2.1 Farm Buildings |  |  |  |  |  |
| 2.2 Essential Farm Equipment |  |  |  |  |  |
| 3.1 Principal Business Enterprise Building |  |  |  |  |  |
| 3.2 Business Enterprise Essential Equipment |  |  |  |  |  |
| 3.3 Essential Enterprise Inventory |  |  |  |  |  |
| 4. Other (describe) |  |  |  |  |  |
| 5. Emergency Living  Expenses |  |  |  |  |  |
| Total $ |  |  |  |  |

9.0 DECLARATION:

PLEASE FULLY READ AND ENSURE YOU UNDERSTAND THE FOLLOWING DECLARATION BEFORE SIGNING.

IF YOU HAVE QUESTIONS REGARDING ANY SECTIONS PLEASE CALL (705) 248-2613

#### I declare/understand that:

a) All of the information provided in the application is true and that it will be subject to audit;

b) Records will be maintained for a period of 6 years from the date of this application;

c) All costs claimed herein will not be claimed for under any other insurance or assistance program;

d) If any part of this claim is found to be false, the Disaster Relief Committee, Municipality and/or Ontario Ministry of Municipal Affairs and Housing may demand immediate repayment from the recipient and may avail itself of any legal remedies which it deems appropriate to recover repayment of the funds from the recipient;

1. This claim is subject to review and assessment. Ineligible costs will be deducted from the total amount of eligible claim.
2. I may be contacted by the Disaster Relief Committee for more information on my claim.

Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Ontario, this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_

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 Signature of Applicant

**NOTE: DEADLINE DATE FOR CLAIMS IS MARCH 31, 2014.**