

# 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 or your Municipal Office.

**Claim Type:**     Home     Farm     Business     Non-profit Organization

First Name, Business or Organization Name shown on <b>property tax bill</b>			Middle Name Initial	Last Name				
Mailing Address						City, Town, Village		
Province				Postal Code		Contact person name (if different than above)		
Phone Numbers	Home			Work		Cell		
Email Address								
Date of Loss From	(dd)	(mm)	(yyyy)	To	(dd)	(mm)	(yyyy)	Type of Event (flood, heavy rains, wind storm, tornado, etc.)
<b>Damaged Property Information</b>								
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	

**Please check the type of application. Indicate the types of damages and / or losses incurred.**

<input type="checkbox"/> Homeowner, or <input type="checkbox"/> Tenant	
<b>Residential</b>	Damage to my principal residence: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home is NOT habitable
<b>Commercial</b>	<input type="checkbox"/> My farm or business has <b>gross annual revenues</b> 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

**Briefly describe the damages / and or losses. If flooding occurred, include how the water entered your home:**


**Briefly describe the status of your property insurance coverage related to the damages and / or losses:**


**2) Is the person filling out this application the Registered Property Owner?**     Yes     No

For additional information visit:  
[www.manitobaemo.ca](http://www.manitobaemo.ca) or call 1-888-267-8298

**Emergency Measures Organization**  
 1525 - 405 Broadway  
 Winnipeg, Manitoba R3C 3L6  
 Phone: 204-945-3050 or toll free 1-888-267-8298  
 Fax: 204-948-2278  
 Email: [dfa@gov.mb.ca](mailto:dfa@gov.mb.ca)

OFFICE USE ONLY
Date Received: _____
Claim Number: _____