



DISASTER ASSISTANCE ADVANCE PAYMENT REQUEST FORM

Adjuster's Confidential Report File #: 4 _____ K

Date Submitted: _____

PART 1: Advance Requested

<p>Residential Property</p> <p><input type="checkbox"/> 50% of Damage Assessment Report (Building + Contents)</p> <p>\$ _____</p>	<p>Small Business</p> <p><input type="checkbox"/> 50% of Damage Assessment Report (Building + Contents)</p> <p>\$ _____</p>
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PART 2: Applicant Contact Information

Last Name		First Name		Middle Name	
Phone Number		Email Address			
Business or Organization Name (If Applicable)					

Co-Applicant Information (Residential Property Only)

Last Name		First Name		Middle Name	
Phone Number		Email Address			

Home/Business Address (Legal Primary Residence / Business Location)

Street Number and Name		Apartment / Unit / Suite		
City / Town / Village		Province / Territory	NT	Postal Code

Mailing Address (If Different From Home Address / Business Location)

Street Number and Name		Apartment / Unit / Suite		
City / Town / Village		Province / Territory	NT	Postal Code

This information is required for participation in MACA's Disaster Assistance Program and will be used to provide you with financial assistance. It is being collected under the authority of the Access to Information and Protection of Privacy Act and is protected by the privacy provisions of that same Act. All applicants have the right to examine and request correction of his or her records and to request a review by the Information and Privacy Commissioner. If you have any questions about the collection of your personal information please contact the Corporate Affairs Director, at MACA_ATIPP@gov.nt.ca or call (867) 767-9162 ext. 21036.



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PART 3: Banking Information

(Alternatively, attach void cheque, direct deposit form from your bank, or complete the standard GNWT form found here:

https://www.fin.gov.nt.ca/sites/fin/files/application_for_direct_deposit_-_demande_de_depot_direct-fillable.pdf)

Transit Number:		Institution Number:		Account Number:	
Financial Stamp					

PART 4: Declaration

By signing this form, I agree to the following:

- I am a resident of an NWT community affected by a disaster and this makes me eligible to apply for advanced disaster assistance;
- The information in this form is complete and correct to the best of my knowledge;
- I agree to provide MACA with all the information and documents requested to support this advance payment;
- I understand that the advance payment I receive will be deducted from my eventual total disaster assistance claim amount; and
- I agree to repay the GNWT any payments that I was not eligible to receive.

Applicant Name (Printed)	
Signature	
Date of Signature	
Co-Applicant Name (Printed)	
Signature	
Date of Signature	