

DAP Client number:	
This number will be assigned by GNWT program	staf

Resident Disaster Assistance Registration Form

the	Dis	You must register to receive disaster assistance. Please submit this form within 90-days of the implementation of saster Assistance Policy for this disaster event. For assistance with completing this form please contact sassistance@gov.nt.ca.
	1.	Overview
l ar	n a:	
		Homeowner Tenant
Υοι	ısho	ould complete this form if all the following conditions apply:
1.	The	e Government of the Northwest Territories (GNWT) is implementing the Disaster Assistance Policy for this disaster.
2.	You	u fall within the following category:
	a.	Resident (tenant or homeowner): A person who is lawfully entitled to be in, or remain in Canada, has lived in the NWT for at least three consecutive months, and is physically present in the NWT at least 153 days during each calendar year.
3.		ur primary residence and/or belongings were damaged by the event that resulted in the evacuation of the mmunity.
4.	You	uneed financial assistance to help with restoring essential items and property.
If y	oura	application is approved, the GNWT will:
•	Ор	en a file for your claim for disaster assistance.
•		nd a professional to your property to assess the damage to your property and/or belongings at no cost to you stailed damage assessment).
•	det	re you the detailed damage assessment report with information on what needs to be fixed and cost estimates. The called damage assessment is used to support your claim for disaster assistance, and for an advance payment if you juire one.



It may take time for a professional to assess your damage, so take pictures of the damages to your property and/or belongings and any repairs you make.



Keep invoices and receipts of repairs you make. Track your labour hours.

This personal information is being collected under the authority of the Department of Municipal and Community Affairs and is protected by the privacy provisions of the NWT Access to Information and Protection of Privacy Act. The information will be used to provide emergency assistance to recover from the event that resulted in the evacuation of the community and may be shared with other GNWT or Federal Departments, Indigenous governments, non-government organizations and contractors, if required for those purposes. If you have any questions about the collection, use or disclosure of your personal information, contact a MACA Pathfinder at (867) 874-2193 or by email at disasterassistance@gov.nt.ca



2. Resident / Tenant – Applicant Information			
Note: You must submit a claim to your insurance company before applying for Disaster Assistance. The Disaster Assistance Policy does not provide financial assistance for damaged property or belongings that are covered by insurance.			
First Name (legal):	Last Name:		
Preferred First Name:			
Date of Birth (month, day, year):			
Cell Phone (preferred):	Other Phone:		
Email address:			
Are you a resident of the NWT?	Do you live on Kátť odeeche First Nation or Salt River First Nation Reserve?		
☐ Yes	☐ Yes		
□ No	□ No		
Is the damaged home your primary residence?	Are you a client of Housing NWT?		
yes	☐ Yes		
□ No	□ No		
Co-applicant information (if applicable)			
First Name (legal):	Last Name:		
Preferred First Name:			
Date of Birth (month, day, year):			
Cell Phone (preferred):	Other Phone:		
Email address:			
Please list all those living in the damaged home.	Age 19 or older:		
Note: Government issued photo identification will be required for all those 19 and older.	Name: □ Yes □ No		
Age 19 or older:	Name: Yes No		
Ç	Name: No		
Name: \(\square \) Yes \(\square \) No	Name:		
Name:	Name:		
Name:	= 163		



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Address of the damaged home If you do not have an address, please provide a lot number or description of where you live.			
Address:			
Community:	РО Вох:		
	Territory: NT	Postal Cod	de:
Mailing address – if different than the damaged	home		
Address:			
Community:	PO Box:		
	Territory/Province:		Postal Code:
Please provide a brief description of the damage or loss (e.g. water from the river flooded the lower level of my home and sewage flooded as well):	Source of damage (e etc.):	e.g. fire, ove	erland water, sewage backup,
Insurance Information			
Do you have insurance?	If yes, what will you	r insurance	cover?
□ Yes	☐ The cost to repl	ace <u>all</u> the o	damaged
□ No	contents.		
If yes, have you contacted your insurance provider?	☐ The cost to repa property (e.g. st		some of the damaged
☐ Yes	☐ Nothing.		
□ No	Please provide a copy of the information from your insurance provider.		



Displacement Information			
Once the evacuation centres are stood down, do you anticipate requiring (select one):	Displacement Allowance: paid for a maximum of six (6) months if you are out of your home for 10 days or more in a given month. Extensions may be provided on a case-by-case basis.		
☐ Displacement Allowance	Displacement allowance amounts are based on family size		
☐ Long-term Accommodation	based on the information in your registration form as follows:		
□ None	• \$500/month - household of 1		
☐ Unsure yet	• \$1,000/month - household of 2-5		
·	• \$1,500/month - household of 6 or more		
	Long-term Accommodation: If you can't return to your home or find your own accommodations for the period you are displaced, the GNWT may be able to help provide accommodations (i.e. hotel).		



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3. Resident / Tenant – Required Documents

Provide all required documents within 60 days of submitting this form or contact <u>disasterassistance@gov.nt.ca</u> if you need more time.

Documents checklist

~	Document	Examples	This applies to
	For all individuals 19 or older listed in this form Government issued photo identification	 A photocopy of your Driver's Licence or General Identification Card, OR A photocopy of your Passport 	Tenants, homeowners, co-habitants
	Proof of insurance coverage or lack of availability of insurance	 A letter or email from your insurance explaining what they will pay to repair/replace your damaged property. A letter or email from an insurance provider indicating coverage is not available on your property. 	Tenants, homeowners, co-habitants
	Proof of residency	 One of the following (must show your name and house address): A utility bill (e.g., cable, water, gas, oil or power – cell phone bills are not a recognized document). Revenue Canada form (NWT Income Tax Return). Other documents issued by government (e.g. Child Tax Benefit statement, Employment Insurance Benefit statement, Canada Pension Plan statement). Statements issued by a bank, Trust Company or Credit Union (RRSP). Insurance Policies (home, auto). A Statutory Declaration (must accompany another form of proof of property ownership). Note: The following are not acceptable as proof of residency: Drivers Licences and government identification cards Void cheques and stamped bank slips with account information. 	Tenants, homeowners, co-habitants
	Proof of ownership of your home and authorization to occupy the land.	One of the following: • Signed mortgage • Property tax bill • Certificate of title • Land title or lease or letter from the Department of Lands • Band Council Resolution (also requires a utility bill)	Homeowners



	Proof of authorization to occupy your rented home.	One of the following:	Tenants
		Rental agreement or lease.	
		Letter from your landlord.	
	4. Declaration		
• 1	declare that:		

- - ✓ The statements made in this application are, to the best of my knowledge, information, and belief, true, and
 - ✓ I am not asking for assistance for damaged property paid for by another source of funding.
- I agree to:
 - ✓ Provide GNWT with all the information and documents requested for this claim, no later than 30 days after a written request was sent to me,
 - ✓ Let GNWT know if there are any changes to my situation that may change my eligibility or my amount of assistance, and
 - ✓ Repay to the GNWT any payments that I was not eligible to receive.
- I authorize the GNWT to:
 - ✓ Send an appraiser to my home to assess my damaged property at no cost to me and I agree to provide access to my property to the appraiser,
 - ✓ At my request, send a professional to my home to look after emergency work that may be needed at no cost to me and I agree to provide access to my property to the professional,
 - ✓ Share my information with other GNWT and federal departments, Indigenous governments, non-government organizations and contractors, if they require this information to provide assistance to me, including determining eligibility to receive disaster assistance.
 - ✓ Use all information to assess my claim for disaster assistance.

 My consent is valid for five years from the date I signed this form, or in the case that I submitted the form electronically with no signature, from the date I submitted the form. 			
Signature of Applicant	 Date		
Signature of Co-applicant	 Date		

Please submit this form to the Department of Municipal and Community Affairs at: disasterassistance@gov.nt.ca

If you do not have access to the internet or an email, please contact your MACA Regional Office for assistance.

Pour le service en français, composez le 1-888-561-1664.