



Disaster Assistance

Claim Form – Disaster Financial Assistance for Residents

Overview			
To file a Disaster Financial Assistance Claim:			
<ol style="list-style-type: none">1. You must be registered with MACA under the Disaster Assistance Policy,2. You must have a detailed damage assessment or insurance report, and3. You must submit the required documentation to support this claim.			
1. Applicant Information			
First Name:		Last Name:	
Telephone:		Other telephone:	
Email address:			
Address of the damaged property			
Address:			
Community:		PO Box:	
City/Town:	Territory: NT	Postal Code:	
2. Payments from other sources			
The Disaster Assistance Policy does not provide payments for damaged property that is covered by other sources.			
Did you or will you receive money from:			
Your insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how much was covered? \$ _____ <ul style="list-style-type: none">• You need to provide formal correspondence from your insurance company explaining what they will pay to repair/replace your damaged property – if you have not already done so.	

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.



Donations? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was the total amount? \$ _____ From where did you receive donations? _____
Other government programs (federal, territorial or other)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was the total amount? \$ _____ What is the name of this program? _____
Another source? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was the total amount? \$ _____ What is the name of this source? _____
Settlement of a legal claim? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was the total amount? \$ _____
3. Displacement allowance	
This section will assess if you are eligible for displacement allowance, up to a maximum of 6 months , while you were out of your home. Please refer to the NWT Disaster Financial Assistance Handbook for residents for further information.	
Did you and your family leave your home because of the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No – Skip to section 4.	
Date you left your home (yyyy/mm/dd): _____	Date you returned home (yyyy/mm/dd): _____
	What is the reason you could not return home until this date? _____



Did you stay in a location (e.g., evacuation centre or hotel) that was paid for by the GNWT or your community government for the entire time you were out of your home?

- Yes - **Skip to section 4**
- No

If no, where did you stay?

- With friends or family
- Hotel, motel, bed and breakfast, rental, etc.
- Other: _____

Reason for stay at location not provided by GNWT or your community government?

- There was no space made available by the GNWT or my community government.
- The evacuation centre closed, and I could not return to my home because it was too damaged.
- Other reason. Please explain:

4. Measures to prevent damage

Did you put measures in place to prevent damage?

- Yes
- No - **Skip to section 5.**

What date did you put them in place (yyyy/mm/dd)?

If yes, what measures did you put in place? **Select all that apply.**

- Moving items to higher grounds
- Board up doors and windows
- Build a dike, backfill, or rock fill
- Dig a ditch
- Install or monitor of pumps
- Other. Please explain:



Do you have expenses for putting measures in place to prevent damage?

- Yes – **Add your expenses in section 7 ‘Expenses’.**
- No

5. Cleanup and disinfection

Did you pay a contractor or a company to clean and/or disinfect your home and/or property?

- Yes – **Add your expenses in section 7 ‘Expenses’.**
- No

Did you rent equipment (e.g., pumps, humidifier, dumpsters, etc.) to clean your home and/or property?

- Yes – **Add your expenses in section 7 ‘Expenses’.**
- No

If you cleaned your home and/or property yourself with the help of friends and/or family, you may be reimbursed at a labour rate set at \$20.00 per hour, up to a maximum of \$2,000.

Did you clean and/or disinfect your home and/or property yourself with the help of friends and/or family?

- Yes
- No – **Skip this section.**

If yes, please fill the cleanup and disinfection log below. If you need additional space, please provide a separate table outlining the additional information.

Date (yyyy/mm/dd)	Name of individuals	Hours worked	Description of work	Total (\$) (# hours x \$20)



6. Contents of your home

Assistance is only provided for lost or damaged items if they are everyday essentials.

Which room in your house were damaged by the disaster? **Select all that apply.**

Rooms	Where are these rooms in your home?		
	Basement	Main floor	Upper floors
<input type="checkbox"/> Kitchen			
<input type="checkbox"/> Living room			
<input type="checkbox"/> Bedrooms – How many? _____			
<input type="checkbox"/> Family room			
<input type="checkbox"/> Dining room			
<input type="checkbox"/> Laundry room			
<input type="checkbox"/> Home office			
<input type="checkbox"/> Bathroom – How many? _____			

7. Expenses

Use this section to list your costs for measures taken to prevent damage before the disaster, cleaning up, repairs or replacement of your home, and mitigation enhancements.

All costs must have a proof of payment like a receipt, contractor invoice or quote for work not completed.

Number your receipts.

Please see Appendix A for an example of how to list your expenses.

Do you have costs for mitigation enhancements?

- Yes
- No



8. Declaration

By filling and sending this form to MACA:

- I 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 lost or damaged property as a result of the disaster paid for by another source of funding.
- I agree to:
 - ✓ Provide MACA with all the information and documents requested for my claim, no later than 30 days after a written request was sent to me,
 - ✓ Let MACA 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:
 - ✓ Share my information with other departments, governments and organizations that are providing assistance for this disaster, and
 - ✓ Use all information to assess my claim and the application of the Disaster Assistance Policy to my disaster area.
- My consent is valid 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. The information contained within related to my property may be used for future claims to determine eligibility of future claims for this property.

Signature of Applicant

Date (yyyy/mm/dd)



Appendix A – Expense Claims Listing

Date (yyyy/mm/dd)	Activity	Supplier	Description	Receipt #	Cost (\$)
Example 2022-01-19	Choose one of the following: <ul style="list-style-type: none">• Preparedness• Evacuation• Clean up• Recovery• Mitigation	Example: Sahtu Building Supplies Ltd.	Example: Lumber and other materials for home repairs.	1	2,551.29