



DISASTER ASSISTANCE ADVANCE PAYMENT REQUEST FORM

PART 1: CONTACT INFORMATION					
Last name		First name		Middle name	
Business or Organization Name					
Phone number		Email address			
Home address (legal primary residence)					
Street number and name			Apartment / unit / suite		
City / town / village		Province / Territory	Choose an item.	Postal Code	
Mailing address (if different from home address)					
Street number and name			Apartment / unit / suite		
City / town / village		Province / Territory	Choose an item.	Postal Code	
Damaged property					
Street number and name			Apartment / unit / suite Appartement		
City / town / village		Province / Territory	NT	Postal Code	

Additional properties can be listed on a separate sheet and attached to this form.



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PART 2: ADVANCE REQUESTED

- | | | |
|--|---|---|
| <input type="checkbox"/> Residential property
50% of preliminary assessment
Maximum of \$10,000 | <input type="checkbox"/> Small business
50% of preliminary assessment
Maximum of \$100,000 | <input type="checkbox"/> Local Authority
50% of preliminary assessment
Maximum of 15% of the local authority's
revenue for the previous fiscal year |
| <input type="checkbox"/> The amount listed above does not meet my financial needs and I request an exemption to the advance payment limit. | | |

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:	
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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 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.

Name (printed)	
Signature	
Date of signature	