P.O. Box 227 Regina, Canada S4P 2Z6

PROVINCIAL DISASTER ASSISTANCE PROGRAM (PDAP)

Private Property Application

DESIGNATED DISASTER AREA:

V DDI	ICATION	M NII	IMPED

For office use only

Municipality Name	Date of Loss	Type of Event		
Town of Ituna	June 27, 2024	Flooding		
(1) APPLICATION TYPE				
Please check one box per application; if m	3 , 11 , 1	te applications:		
Registered Home Owner (Principal Re	esidence Only) Tenant			
Number of people living at affected re-	sidence: Adults (18+)	Minor(s)		
Other : (explain)	Agricultural	Operation Small Business/ Rental Property		
Non-Profit : (Describe type)				
Have you had a previous claim with PDAP?		☐ Yes ☐ No		
If yes, advise year of previous claim and PDA				
(a) ARRI IOANIT INFORMATION		s Claim No.		
(2) APPLICANT INFORMATION (pleas Name(s) (Last, First, Middle Initial)	e print)			
Name(s) (Last, First, Middle Illitial)				
Business Name (If damage is to an income of	r business property)	Name of Contact Person		
Mailing Address Street	City, Town or Village	Postal Code		
Primary Telephone Number Secondary Tele	ephone No. Cell Phone Number Em	ail Address		
☐ ALTERNATE ADDRESS AND TELE	PHONE NUMBER I CAN BE CONTACTE	D AT-		
AETERIORIE ABBREGO AIRS TEEE	THE REMISERY OAR SE CONTROLE	()		
Address Street City, Town	or Village Postal Code	Telephone Number		
Address Strott Sity, 10MI	or vinage			
(3) DAMAGED PROPERTY INFORMATION	IF DIFFERENT FROM MAILING ADDRE	SS.		
(Damaged property must be owned by the	<u> </u>	N''' 5 110 1		
Damaged Property Address - Urban	Street City, Town or	Village Postal Code		
(Legal land description accepted) Damaged Property Address - Rural	QTR SEC TWP	RGE WEST of		
M. many many is manded where a week a second	hood with Long Long Description			
If more room is needed please attach a separate sheet with Legal Land Descriptions. For flooding disasters, at its highest level, how high was the water in the affected building?				
Less than or equal to 4 inches Less than or equal to 4 feet Higher than 4 feet				
Has either appliance been affected?				
Is there evidence of mould?				
Electricity	Water/Sewer	On Off		
Natural Gas	Telephone 🔲 0	On Off		
Are there safety concern(s) that present an immediate danger?				
If Yes, Identify				
Has there been any visible foundational issues (movement, cracks, shifting)?				
If yes, describe the location and extent of it	-			
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(4) INSURANCE INFORMATION	NC				
Do you carry insurance for your residence/buildings and/or belongings?		?	☐ Yes	☐ No	
Name of Insurance Broker/Age	ent			Telephone Number	
Date Broker/Agent was	Has your cla	Has your claim been denied by your insurer?			
Notified of the Damage and Loss	Yes (Please attach written documentation from your insurance agency/broker.)				
	☐ No	(Please provide an exp			Pending
All residential, small busines provider (not broker) includii be provided. Verbal denials a	ng policy nun	nber, date of loss, legal I	land des	scription and it mus	st state if any coverage will
(5) TYPE OF LOSS:					
Sewer-back up	O	verland Flooding or Seepa	age	☐ Both sewe	er back-up and seepage
Plow Wind/Tornado	Of	ther : (describe)			
Overland Flooding is water e cracks in walls and/or floor s cleanout valve.	slab. Sewer b	lding through surface op ack-up is water and/or s	penings sewage (; seepage is water coming up from dra	entering a building through ains, toilets, sump pits or th
(6) CLAIMANT WRITTEN STA					
Statement of Event : (Describe the event)	vent and measures	s you have taken including dates	- II addition	nai room is required pieas	e attach a separate sheet)
1					



(7) ITEMS LOST OR DAMAGED

<u>Description of Item(s)</u>			
3 5.		4 6.	
9.		10	
11		12	
13		14	
8) DISPLACEMENT (Reside	ntial)		
Are you currently displaced	?	Yes No	
s Emergency Social Services	(ESS) assisting you?	Yes No	
Vas this residence occupied	by applicant(s) on the day o	of the disaster?	′es
f no, explain			
Date displacement began		Return Date	e:
Where are you staying?	Hotel Fami	ily/Friends	Unit Other
f Other, describe arrangemer	ts:		
9) DISPLACEMENT (Small	Business - including agric	cultural operations and la	ndlords)
Can your business operate	under current conditions	at its' present location?	☐ Yes ☐ No
no, describe why not:			
Oo you own, rent or lease you	r hugingga huilding?		
o you own, rent or lease you	i business building:	☐ Own	Rent Lease
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(11) DECLARATION

I am the Applicant or I am named as the contact person in Part 2, and I declare that I/We:

- am at least 18 years of age; a Small Business/Agricultural Operation, Partnership, Corporation, Non-Profit Organization or Communal Organization that carries on business in Saskatchewan;
- have read, understand and agree to the conditions of the Program;
- consent to and authorize the release of any information to the Program administrators relating to claims from any government ministry, crown, agency, or third party, for the purpose of verifying information under this application;
- authorize the Saskatchewan Public Safety Agency to request information from any federal or provincial government ministry, crown or agency, or from any third party, and consent to disclose any information contained in this application or pertaining to payment, to such ministry, crown, agency, or third party, for the purpose of administering the Program;
- consent to and authorize any ministry, crown, agency, or third party mentioned above, who is requested to verify or provide information, to disclose that information to the Saskatchewan Public Safety Agency;
- consent to and authorize the Saskatchewan Public Safety Agency to disclose information relating to my application
 or payment to any review committee that may be established for the purposes of this Program, in the event that a
 review is requested;
- authorize the Saskatchewan Public Safety Agency, or its designated representatives, to enter the premises identified on the application for the purposes of verifying information under this application;
- understand that the Saskatchewan Public Safety Agency assumes no liability whatsoever from my participation in the Program:
- certify that no other application has been made or will be made under this Program or any similar program in another province, with respect to the same expenditures claimed on this application;
- agree to disclose all other sources of funding including financial and/or in-kind contributions from industry, insurance, federal, provincial, or municipal governments in respect to any claim on this application; and
- have not knowingly submitted any false or misleading information; and that the information given on this application is true and correct in every respect.

	Applicant Signature(s)	3rd Party Witness Signature
Dated		

Please return original application forms to:

Provincial Disaster Assistance Program (PDAP) P.O. Box 227 REGINA SK S4P 2Z6 Toll Free: 1-866-632-4033

PDAP cannot accept emailed or faxed forms. All applications must be original, signed documents.

SIX MONTH DEADLINE FOR SUBMISSION OF APPLICATION

Application form(s) must be filed within six (6) months from the date of loss. Submissions received after this
date may result in PDAP not providing assistance.

SIX MONTH DEADLINE DATE: December 27, 2024