



## GENERAL INFORMATION

The purpose of the programs of the Ministère de la Sécurité publique (MSP) is to provide financial assistance to individuals who have taken temporary preventive measures or whose property has been damaged during a disaster.

The damage must be associated with the individual's main residence, where the latter is a tenant, and be attributable to an eligible disaster, such as a flood caused by watercourse overflow, shoreline erosion, submersion, a landslide, or an earthquake. A main residence is defined as the place where an individual carries out daily activities on a yearly basis (e.g., a dwelling, single-family home, duplex, semi-detached home, townhouse, or condominium).

To submit an application for financial assistance, the property owner(s) occupant(s) registered on the municipal assessment in effect at the time of the disaster must:

- ▶ complete each section of the *Claim Form – Individual (Owner)*.
- ▶ carefully read over Section 9, “*Consent of Claimant and Co-Owners: Disclosure and Verification of Personal Information with Third Parties*”, and 10, “*Undertakings and Statements of the Claimant and Co-owners*”, check each, and then sign and date them as indicated.
- ▶ send the *Claim Form – Individual (Owner)* and all other documents requested (see the section entitled *Documents to include with the application* below)

**By regular mail:** Direction générale du rétablissement  
Ministère de la Sécurité publique  
455 rue du Marais, bureau 100  
Québec (Québec) G1M 3A2

**By email:** [aide.financiere@msp.gouv.qc.ca](mailto:aide.financiere@msp.gouv.qc.ca)

Please note that sending documents or personal information via email involves certain confidentiality risks.

**If need be, contact the MSP at**

418-643-AIDE (2433) (Quebec City Area)  
1-888-643-AIDE (2433) (elsewhere)

- ▶ keep all invoices and submit them to the MSP, if asked to do so.

The application for financial assistance must be sent **within three months** of the program implementation date. To verify this date, visit the MSP website at: [www.quebec.ca/sinistres-admissibles](http://www.quebec.ca/sinistres-admissibles) (French only). Designated municipalities and the application deadline are specified for each disaster.

The information provided in this application for financial assistance may be used for study, research, or statistical purposes, in accordance with the provisions of the *Act respecting Access to documents held by public bodies and the Protection of personal information*.

You may also be selected to complete a survey once your claim has been processed. If so, the survey will be optional and will have no effect on this claim.

## DOCUMENTS TO INCLUDE WITH THE APPLICATION

The following documents are **required** to process your application for financial assistance:

- ▶ proof of the home address of the permanent occupants at the time of the disaster (e.g., driver's licence, a child's report card, Revenu Québec or Canada Revenue Agency assessments, or any other document from the provincial or federal government dated prior to the disaster).
- ▶ a copy of the notice of municipal evaluation for the residence in effect at the time of the disaster.
- ▶ a copy of the home insurance policy in effect at the time of the disaster, including endorsements and exclusions. If no such insurance policy exists, a statement to this effect signed by a Commissioner of Oaths must be provided.
- ▶ a copy of your insurer's written response concerning coverage of the disaster.
- ▶ a copy of the invoices or estimates for repairs or the replacement of damaged property, where required.
- ▶ pictures and videos of the damage, if possible.
- ▶ a specimen cheque, if possible.



**ADDITIONAL INFORMATION TO COMPLETE SECTIONS 1, 2, 4, 5, 6, 9 AND 10**

**SECTION 1 – IDENTIFICATION OF THE CLAIMANT**

- ❖ You must be the owner or one of the owners indicated on the municipal property tax assessment of the damaged principal residence.

**SECTION 2 – IDENTIFICATION OF OTHER PERMANENT OCCUPANT(S) AND THE PEOPLE MANDATED**

- ❖ List all of the other permanent occupants living at your residence. Proof of residence is required for each one of them. Also list the people you have mandated to act on your behalf in connection with this application for financial assistance.

In the case of separation or divorce, your child may be eligible regardless of the location of the child's principal residence if you prove that he or she is in fact living with each of the two parents. The court judgement or a mediation document will be required.

The proof of residence must indicate the name and address of the occupant and must be in force or be dated at the most one year prior to the disaster.

**SECTION 4 – BANKRUPTCY**

- ❖ If you have declared bankruptcy or disposed of your property, you are ineligible for assistance to restore the building. However, you could receive financial assistance for excess costs for temporary accommodation or supplies, your essential movable property, the temporary preventive measures implemented, and urgent work carried out.

If you have emerged from bankruptcy, you will again be eligible, subject to the provisions stipulated in the program.

When the trustee in bankruptcy renounces all rights, titles, and interests that he holds in the residence, in accordance with section 20 of *Bankruptcy and Insolvency Act* (RSC (1985), chapter B-3), the MSP may grant assistance to the owner of a residence for damage sustained by the residence and the access road.

**SECTION 5 – FINANCIAL ASSISTANCE OBTAINED OR RECEIVABLE RELATED TO THE DISASTER**

- ❖ The financial assistance is last-resort assistance. Consequently, you must disclose to the MSP all of the amounts that you have received related to the disaster.

**SECTION 6 – INFORMATION CONCERNING THE RESIDENCE**

- ❖ **Approximate dimensions of the residence**

If the residence has an irregular shape, please indicate its approximate dimensions. If need be, the person mandated by the MSP to observe and/or evaluate the damage to your residence will take the exact measurements.

- ❖ **Flood recurrence zone**

The flood plain (or flood recurrence zone) is the space occupied by a lake or a watercourse during flooding in open water or following ice jams. The flood plain comprises two zones:

HIGH-VELOCITY ZONE: Corresponds to a zone subject to flooding by open water every 20 years, which is called a 0-to-20-year flood zone.

LOW-VELOCITY ZONE: Corresponds to the portion of the flood plain in open water that is located beyond the boundary of the high-velocity zone and extends to the boundary of the zone subject to flooding every 100 years, which is called a 20-to-100-year flood zone.

**SECTION 9 – CONSENT OF CLAIMANT AND CO-OWNERS: DISCLOSURE AND VERIFICATION OF PERSONAL INFORMATION WITH THIRD PARTIES**

The claimant and each of the owners living in the damaged main residence must consent to each of the statements in this section in order for the MSP to process this application for financial assistance.

**SECTION 10 – UNDERTAKINGS AND STATEMENTS OF THE CLAIMANT AND CO-OWNERS**

The claimant and each of the owners living in the damaged main residence must consent to each of the statements in this section in order for the MSP to process this application for financial assistance.

For MSP use only

Claim Number: \_\_\_\_\_

DATE OF DISASTER \_\_\_\_\_

In the case of flooding, the date of the disaster usually corresponds to the date on which water started to accumulate on your lot or in your residence.

**TYPE OF DISASTER**

- Flooding       Soil movement, erosion, or submersion       Earthquake       Freezing rain
- Other \_\_\_\_\_

**1 IDENTIFICATION OF THE CLAIMANT**

Ms.       Mr.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Tel. # (Main): \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_ Tel. # (Other): \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_

Tel. # (Other): \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

**ADDRESS OF DAMAGED MAIN RESIDENCE**

Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**CORRESPONDENCE ADDRESS  
(IF DIFFERENT FROM DAMAGED MAIN RESIDENCE)**

Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**2 IDENTIFICATION OF OTHER PERMANENT OCCUPANT(S) (INCLUDE AN APPENDIX IF APPLICABLE)**

| First Name | Last Name | Date of Birth      | Co-owner?                    | Relationship or other |
|------------|-----------|--------------------|------------------------------|-----------------------|
| _____      | _____     | ____ / ____ / ____ | <input type="checkbox"/> Yes | _____                 |
| _____      | _____     | ____ / ____ / ____ | <input type="checkbox"/> Yes | _____                 |
| _____      | _____     | ____ / ____ / ____ | <input type="checkbox"/> Yes | _____                 |
| _____      | _____     | ____ / ____ / ____ | <input type="checkbox"/> Yes | _____                 |
| _____      | _____     | ____ / ____ / ____ | <input type="checkbox"/> Yes | _____                 |

**3 INSURANCE**

3.1 Did you have home insurance in force at the time of the disaster?

- Yes Provide a copy of your home insurance policy and your insurer's written response concerning coverage of the disaster.
- No Provide an affidavit certifying that you did not have home insurance.

**4 BANKRUPTCY**

4.1 Are you or any of the co-owners of the residence currently bankrupt? Or have you or any of the co-owners of the residence had property assigned?

- Yes Planned discharge date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- No You must inform the MSP of any changes to this effect.

## 5 FINANCIAL ASSISTANCE OBTAINED OR RECEIVABLE RELATED TO THE DISASTER

5.1 Have you received or are you expecting compensation from:

**Your insurer?**

- Yes If yes, for how much? \$ \_\_\_\_\_. Please provide a copy of the settlement from your insurer.  
 No

**A charitable organization?**

- Yes If yes, for how much? \$ \_\_\_\_\_  
 No

**A government ministry or a public body (other than the MSP)?**

- Yes If yes, for how much? \$ \_\_\_\_\_  
 No

**Another source?**

- Yes If yes, for how much? \$ \_\_\_\_\_  
 No

Please indicate the source and nature of the funds:

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5.2 Have you filed or do you intend to file an individual lawsuit or a class action lawsuit against at least one third party for damages incurred?

- Yes  
 No You must inform the MSP of any changes to this effect.

## 6 INFORMATION CONCERNING THE HOME

6.1 What year was your home built? \_\_\_\_\_

6.2 What are the approximate dimensions of your home?

\_\_\_\_\_ Width X \_\_\_\_\_ Length Check the measurement used.  Feet  Metres

6.3 In which flood zone is it located?

- Outside the zone  0-to-20-year flood zone  20-to-100-year flood zone  I don't know

6.4 What kind of foundation does your home have?

- Basement  Concrete slab on the ground  On piles or a mobile home  
 Crawl space  I don't know

6.5 What type of insulation covers the basement or the crawl space foundation walls?

- Mineral wool insulation  Rigid insulation  Urethane  
 No insulation  I don't know  Not applicable

6.6 What is covering the basement foundation walls?

- Drywall  Pre-finished panels  Plywood  
 Other  I don't know  Not applicable

## 7 INFORMATION ON FLOODING

7.1 Was the disaster caused by an overflow of a watercourse?

- Yes Name of the watercourse: \_\_\_\_\_  
 No  
 I don't know

7.2 Did the water from the watercourse reach

- Your property?  Yes  No  I don't know  Not applicable  
Your home?  Yes  No  I don't know  Not applicable

7.3 How did water enter your home?

- I don't know  Infiltration through an opening  
 No infiltration  Backup of the floor drain or collection well  
 Infiltration through a crack  Sewer backup  
 Infiltration through the floor  Other

7.4 How much water has accumulated

In the crawl space: \_\_\_\_\_ In the basement: \_\_\_\_\_ On the main floor: \_\_\_\_\_

Check the measurement used:  Inches  Feet  Centimeters  Meters

7.5 How long did the water remain in your home?

- Less than 12 hours  12 to 24 hours  24 to 48 hours  Over 48 hours  
 I don't know  Not applicable

## 8 CLAIM

Complete this section based on the information that you have.

Please attach the documents requested. If you cannot submit them with the completed form, they can be sent to the person in charge of your claim once the MSP confirms that it has opened your claim file.

### A – ELIGIBLE ROOMS DAMAGED

Please indicate the eligible rooms affected by the disaster. Specify their location in the home and whether they have a floor covering (hardwood, engineered wood, buoyant wood, ceramics, vinyl, carpet, and so on).

| Rooms affected                        | Location                          |                                     | Floor covering                               |   |
|---------------------------------------|-----------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> Living room  | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor | <input type="checkbox"/> With floor covering | <input type="checkbox"/> Without floor covering |
| <input type="checkbox"/> Family Room  | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor | <input type="checkbox"/> With floor covering | <input type="checkbox"/> Without floor covering |
| <input type="checkbox"/> Kitchen      | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor | <input type="checkbox"/> With floor covering | <input type="checkbox"/> Without floor covering |
| <input type="checkbox"/> Dining room  | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor | <input type="checkbox"/> With floor covering | <input type="checkbox"/> Without floor covering |
| <input type="checkbox"/> Bathroom     | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor | <input type="checkbox"/> With floor covering | <input type="checkbox"/> Without floor covering |
| <input type="checkbox"/> Wash-up room | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor | <input type="checkbox"/> With floor covering | <input type="checkbox"/> Without floor covering |
| <input type="checkbox"/> Laundry room | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor | <input type="checkbox"/> With floor covering | <input type="checkbox"/> Without floor covering |
| <input type="checkbox"/> Bedroom 1    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor | <input type="checkbox"/> With floor covering | <input type="checkbox"/> Without floor covering |
| <input type="checkbox"/> Bedroom 2    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor | <input type="checkbox"/> With floor covering | <input type="checkbox"/> Without floor covering |
| <input type="checkbox"/> Bedroom 3    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor | <input type="checkbox"/> With floor covering | <input type="checkbox"/> Without floor covering |
| <input type="checkbox"/> Bedroom 4    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor | <input type="checkbox"/> With floor covering | <input type="checkbox"/> Without floor covering |
| <input type="checkbox"/> Office       | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor | <input type="checkbox"/> With floor covering | <input type="checkbox"/> Without floor covering |
| <input type="checkbox"/> _____        | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor | <input type="checkbox"/> With floor covering | <input type="checkbox"/> Without floor covering |
| <input type="checkbox"/> _____        | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor | <input type="checkbox"/> With floor covering | <input type="checkbox"/> Without floor covering |
| <input type="checkbox"/> _____        | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor | <input type="checkbox"/> With floor covering | <input type="checkbox"/> Without floor covering |

### B – DAMAGE TO ELIGIBLE MOVABLE PROPERTY

| Please select from among the following eligible movable property which items were affected by the disaster or that have become permanently inaccessible. Indicate the amount that you are claiming and the location of the items in your home. The indemnity that can be granted for the items followed by an asterisk (*) is limited to the amount indicated in the claim without exceeding the maximum value. |         | Maximum value | Quantity | Amount claimed                    | Location                            |  |
|---|---------|---------------|----------|-----------------------------------|-------------------------------------|--|
| <b>1. KITCHEN AND DINING ROOM (AMOUNT PER KITCHEN AND DINING ROOM)</b>  |         |               |          |                                   |                                     |  |
| Stove or oven and cooking plate   | \$1,200 |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| Refrigerator  | \$1,300 |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| Dishwasher  | \$800   |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| Table and four chairs   | \$1,100 |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| Cookware  | \$200   |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| Microwave oven  | \$250   |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| Small electric household appliances*  | \$1,000 |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| Utensils  | \$200   |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| Dish set  | \$150   |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| <b>2. KITCHEN AND DINING ROOM (AMOUNT PER ITEM)</b>   |         |               |          |                                   |                                     |  |
| China cabinet or sideboard  | \$400   |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| Additional kitchen chair or stool   | \$125   |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| <b>3. LIVING ROOM AND FAMILY ROOM (AMOUNT PER ITEM)</b>   |         |               |          |                                   |                                     |  |
| Television  | \$550   |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| TV stand  | \$300   |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| Sofa (3 seat)   | \$1,200 |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| Love seat (2 seat)  | \$900   |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| Armchair (single seat)  | \$600   |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| Futon   | \$600   |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| Table   | \$200   |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| Lamp  | \$100   |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| <b>4. BEDROOM (AMOUNT PER ITEM)</b>   |         |               |          |                                   |                                     |  |
| Double mattress and box spring  | \$1,200 |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| Single mattress and box spring  | \$500   |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| Double bed stand  | \$500   |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| Single bed stand  | \$300   |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| Desk or chest of drawers  | \$400   |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| Bedside table   | \$150   |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| Mirror  | \$50    |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| Bedside lamp  | \$100   |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| <b>5. LAUNDRY ROOM OR BATHROOM (AMOUNT PER LAUNDRY ROOM OR BATHROOM)</b>  |         |               |          |                                   |                                     |  |
| Washing machine   | \$1,000 |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |
| Dryer   | \$900   |               |          | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor |  |

| 6. MISCELLANEOUS (AMOUNT PER RESIDENCE)                         |               |  |    |                                   |  |
|---|---------------|--|----|-----------------------------------|--|
| Vacuum  | \$300         |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Freezer   | \$600         |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Second refrigerator   | \$1,300       |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Electronic devices*   | \$1,000       |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Iron  | \$50          |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Ironing board   | \$50          |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Maintenance tools*  | \$400         |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Garage/<br>Shed |
| Lawnmower   | \$300         |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Garage/<br>Shed |
| Snowblower  | \$1,000       |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Garage/<br>Shed |
| 7. MISCELLANEOUS (AMOUNT PER ITEM)                              |               |  |    |                                   |  |
| Portable or wall-mounted air conditioner                        | \$700         |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Curtains and blinds (per window)                                | \$100         |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Desktop or portable computer                                    | \$500         |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Tablet computer   | \$250         |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Computer desk   | \$200         |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Computer chair  | \$200         |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Printer   | \$200         |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Filing cabinet  | \$200         |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Fan   | \$100         |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Hair dryer  | \$50          |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Hair iron   | \$50          |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Electric razor  | \$50          |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Phone   | \$40          |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Humidifier  | \$100         |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Dehumidifier  | \$350         |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Indoor garbage can  | \$30          |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Wardrobe, bookcase, and shelf                                   | \$200         |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Outdoor garbage can, recycling bin, and composter               | \$100         |  |    |                                   |  |
| 8. MISCELLANEOUS (AMOUNT PER PERMANENT OCCUPANT)                |               |  |    |                                   |  |
| Clothing, except luxury garments*                               | \$2,000       |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Other essential property for the work of an employed*           | \$1,000       |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Sporting goods*   | \$1,000       |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Essential foods, household and personal items*                  |               |  |    |                                   |  |
| - 1st permanent occupant  | \$600         |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| - For each additional permanent occupant                        | \$100         |  |    |                                   |  |
| Equipment for a disabled individual (per handicapped person)*   | \$500         |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Household linen (bedding, towels, kitchen linen)*               | \$400         |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Books and equipment required for a permanent full-time student* | \$300         |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
| Items for children* (per child)                                 | \$500         |  |    | <input type="checkbox"/> Basement | <input type="checkbox"/> Main floor      |
|   | <b>Total:</b> |  | \$ |                                   |  |

### C – TEMPORARY PREVENTIVE MEASURES

Have you adopted temporary preventive measures before and/or during the disaster to avoid or limit the damage to your residence and its contents?

- Yes The measures were implemented from YYYY/MM/DD to YYYY/MM/DD  
 No

Please indicate the measures implemented:

- Sandbag installation
- Elevation of movable property and mechanical or electrical appliances
- Moving items to higher floors
- Boarding up doors and windows
- Erecting a temporary dike, backfill, or rock fill
- Digging a ditch
- Installation or monitoring of pumps
- Other action (description):

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### D – ADDITIONAL TEMPORARY ACCOMMODATION AND SUPPLY COSTS

Did you evacuate your home because of the disaster?  Yes  No

Have you been or are you currently housed with the assistance of the Canadian Red Cross?

- Yes from: YYYY/MM/DD to: YYYY/MM/DD  
 No

**LOCATION OF ACCOMMODATIONS**

Name of institution or host: \_\_\_\_\_  
 Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_  
 Municipality: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Tel. #: \_\_\_\_\_ Tel. # (other): \_\_\_\_\_

**IDENTIFICATION OF INDIVIDUALS ACCOMMODATED**

| First Name | Last Name | Period of accommodation |   |       |   |       |       |   |       |   |       |
|------------|-----------|-------------------------|---|-------|---|-------|-------|---|-------|---|-------|
|            |           | From                    |   | To    |   |       |       |   |       |   |       |
|            |           | YYYY                    | / | MM    | / | DD    | YYYY  | / | MM    | / | DD    |
| _____      | _____     | _____                   | / | _____ | / | _____ | _____ | / | _____ | / | _____ |
| _____      | _____     | _____                   | / | _____ | / | _____ | _____ | / | _____ | / | _____ |
| _____      | _____     | _____                   | / | _____ | / | _____ | _____ | / | _____ | / | _____ |
| _____      | _____     | _____                   | / | _____ | / | _____ | _____ | / | _____ | / | _____ |
| _____      | _____     | _____                   | / | _____ | / | _____ | _____ | / | _____ | / | _____ |

**E – MOVING OR STORAGE EXPENSES**

Did you have to move, or will you have to move or have stored your movable property?

- Yes Cost: \$ \_\_\_\_\_ Provide invoices.
- Non

**F – URGENT WORK AND TEMPORARY WORK**

Has any work, such as demolition, cleanup, debris removal, decontamination, or dehumidification been or will be performed by a contractor or post-disaster cleanup company? If so, you will need to provide contractor invoices.

- Yes, in part       Yes, entirely      Cost of the work carried out by a contractor: \$ \_\_\_\_\_
- No

Prior to the permanent work, has work such as the temporary restoration of electricity or the boarding up of damaged openings been done or will be done to make your home habitable?

- Yes Cost: \$ \_\_\_\_\_ You must submit contractor invoices.
- No

**G – DAMAGE TO THE ACCESS ROAD**

Was the road to your residence damaged?  Yes  No

If yes: Is this the main access artery to your residence?  Yes  No  
 Is a minimal and safe access to your home still available?  Yes  No

Briefly describe the damage (e.g., damaged bridge or culvert and its size before the disaster):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cost: \$ \_\_\_\_\_ You must submit contractor invoices.

**9 CONSENT OF CLAIMANT AND CO-OWNERS: DISCLOSURE AND VERIFICATION OF PERSONAL INFORMATION WITH THIRD PARTIES (MANDATORY)**

THE OCCUPYING CLAIMANT AND CO-OWNERS MUST AGREE TO EACH STATEMENT IN THIS SECTION IN ORDER FOR THE MSP TO PROCESS THE CLAIM.

| Claimant                 | Co-Owner(s)              |                          |                          |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
|                          | 1                        | 2                        | 3                        |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>I give my consent for the MSP to verify the personal information listed below <b>with the government ministries and public and private agencies involved</b> in the processing of my application, including for the recovery of overpayments, if any:</p> <ul style="list-style-type: none"> <li>- Address of my main residence and my history of address changes using my driver's licence number with Société de l'assurance automobile du Québec;</li> <li>- Address of my main residence and details of my total income (tax return, notice of assessment, and schedules) with Revenu Québec in order to assess my financial hardship to reduce or eliminate my financial participation, if applicable;</li> <li>- Address of my main residence and composition of my family unit with the Ministère de l'Emploi et de la Solidarité sociale (MESS), in order to confirm the number of people living in a main residence.</li> </ul> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>I give my consent for the MSP to verify the personal information listed below <b>with the government ministries and public and private organizations involved</b> in the processing of my application, including for the recovery of overpayments, if any:</p> <ul style="list-style-type: none"> <li>- Any amounts received from financial assistance programs set up by government ministries and agencies following a disaster, including MESS and Société d'habitation du Québec;</li> <li>- Any assistance received from the Canadian Red Cross, including for accommodations and food expenses.</li> </ul>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>I give my consent for the MSP to use my personal information to make inquiries <b>with any insurance company involved in the processing of this application</b> regarding the insurance policy provided, including details of the benefits paid by the claimant in relation to the main residence that is the subject of this application for financial assistance.</p>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>I give my consent for the MSP to use my personal information to make inquiries <b>with any professional service provider involved in the processing of this request</b> (e.g., contractor, surveying firm, engineering firm, accounting firm) regarding the supporting documentation provided (e.g., quotes, invoices) and the work performed in connection with the main residence that is the subject of the claim.</p>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>I give my consent for the MSP to use personal information to make inquiries <b>with municipal or regional authorities (RCM) involved in the processing of this application</b>. For example, the MSP could contact the municipality to obtain information about a permit issued by the municipality, to obtain the new cost of the residence or to obtain the municipal assessment roll for the residence.</p>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>I give my consent for the MSP to use my personal information to make inquiries <b>with my employer</b> regarding the supporting documentation provided, for example, for employer-provided property that has been damaged.</p>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>I give my consent for the MSP to disclose my personal information to a private company or a government ministry or agency <b>in Québec or Canada for the purpose of giving me access to a service or program</b> (e.g., support from the Canadian Red Cross), should it deem that my situation so requires. In such cases, only the necessary information may be disclosed, and this disclosure must comply with the provisions set out in the <i>Act respecting Access to documents held by public bodies and the Protection of personal information</i> and the <i>Civil Protection Act</i>.</p>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>I give my consent for the MSP to disclose or verify my personal information with <b>my trustee or the Office of the Superintendent of Bankruptcy</b>, if my situation so requires.</p>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>In the event of the transfer of my residence to a third party (e.g., sale, assignment) and a subsequent flood, I give my consent for the MSP to disclose to the new owner(s) the financial assistance paid for the damages under this application for financial assistance because, among other things, since April 10, 2019, the amount of assistance awarded for damages to a residence accumulates with each new loss, regardless of any change in ownership.</p>   |



## 10 UNDERTAKINGS AND STATEMENTS OF THE CLAIMANT AND CO-OWNERS (MANDATORY)

THE OCCUPYING CLAIMANT AND CO-OWNERS MUST AGREE TO EACH STATEMENT IN THIS SECTION IN ORDER FOR THE MSP TO PROCESS THE APPLICATION.

| Claimant                 | Co-Owner(s)              |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
|                          | 1                        | 2                        | 3                        |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I undertake to provide the MSP with all information and documents it requests for the purpose of administering the program within 30 days of the date on which a written request to that effect is sent.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I undertake to allow the MSP to examine the premises or property affected by the loss as soon as possible.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I undertake to inform the MSP of any change in my situation that may affect my eligibility for the program or the financial assistance that I may be granted.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I understand that the Government of Québec is subrogated to the full extent of the amounts it has paid, in all my rights and remedies against the third party responsible for the damage or event subject to the program.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I understand that if my financial situation is precarious at the time of the loss or if I am experiencing financial difficulties as a result of the loss, I may request that an analysis be conducted to determine whether it is possible to reduce or eliminate the financial participation that applies to this application. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I understand that if I hire a contractor to perform the necessary work, I must ensure that the licence held by the contractor has been issued by Régie du bâtiment du Québec, is still valid, and authorizes them to carry out the work indicated in the damage report.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I understand that in the event that work is performed by a contractor who does not have the required licence, the MSP may recover all or part of the financial assistance paid, if any.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I understand and agree that if I do not comply with any of the terms and conditions of the program, the government may claim all or part of the financial assistance paid to me, if it deems that the situation so requires, jointly and severally with the other owner(s) who received such assistance.                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I declare that the information provided in this claim form is true and complete.   |

|                                   |  |
|-----------------------------------|--|
|                                   | Date of birth: <u>    </u> / <u>    </u> / <u>    </u> |
| Name of claimant (please print)   | Date: <u>    </u> / <u>    </u> / <u>    </u>          |
| Signature of Claimant             | Date of birth: <u>    </u> / <u>    </u> / <u>    </u> |
| Name of co-owner 1 (please print) | Date: <u>    </u> / <u>    </u> / <u>    </u>          |
| Signature of Co-Owner 1           | Date of birth: <u>    </u> / <u>    </u> / <u>    </u> |
| Name of co-owner 2 (please print) | Date: <u>    </u> / <u>    </u> / <u>    </u>          |
| Signature of Co-Owner 2           | Date of birth: <u>    </u> / <u>    </u> / <u>    </u> |
| Name of co-owner 3 (please print) | Date: <u>    </u> / <u>    </u> / <u>    </u>          |
| Signature of Co-Owner 3           | Date: <u>    </u> / <u>    </u> / <u>    </u>          |