



LAKE MANITOBA FINANCIAL ASSISTANCE PROGRAM

Part D - Lake Manitoba Flood Protection for Principal Residences & Non-Principal Residences Component Application

A) Personal Information		Claim #	Client #
Corporate Name or Surname	First	Initial	Municipality Name/No.
Mailing Address			Social Insurance No./Business Identification No.
			Postal Code
Telephone No.	Cellular No.	Fax No.	

<p>B) Category</p> <p>Check one of the following: (If more than one category applies, a separate application is required for each.)</p> <p style="padding-left: 20px;"> <input type="checkbox"/> Principal Residence <input type="checkbox"/> Non-Principal Residence <input type="checkbox"/> Cooperative Permanent Flood Protection Project </p> <p>Tax Roll No. _____ Property Loss Location _____</p>

<p>C) Application Options:</p> <p>i) I am applying for Other Flood Mitigation Measures (rock works or other structures) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ii) I am applying for Permanent Flood Protection (raising, moving or diking a Principal or Non-Principal Residence) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>iii) I am applying for the Engineering Assessment Cost <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Declaration: I declare that the information given on this application is true and complete; and I acknowledge and agree to the Terms and Conditions of the Program and confirm that I have met the conditions of the Program.

Applicant Name (print)
Signature of Applicant
Date

The personal information requested on this application is collected under the authority of *The Manitoba Agricultural Services Corporation Act* (Manitoba) and is protected by and is subject to the provisions of *The Freedom of Information and Protection of Privacy Act* (Manitoba). This information may be used to contact you about this application and to inform you about any other extension, stabilization, assistance or disaster program, and for verification, audit, analysis, evaluation, statistical/research purposes and program/policy development. Any questions can be directed to your nearest MASC or MAFRI GO office.

For Office Use Only	Date:
Signature of MASC Representative - please sign and print:	