

6. I / We authorize any person, agency or organization, including federal, provincial or municipal government departments, to release to NB EMO, or any of its representatives, information required for the purpose of determining or verifying eligibility for the advance assistance that I / we have applied for herein. I / We hereby acknowledge that a photocopy of this authorization shall be sufficient to allow for the release of the specific information requested.
7. I / We acknowledge and agree that I / We will be required to also submit an application for the “Disaster Financial Assistance Program” for the purposes of assessing my / our total claim for assistance.
8. I / We acknowledge and agree that the advance assistance that I / we receive shall be subject to the following:
 - a) That such amount is an advance against the total amount of disaster assistance that may be granted to me / us by NB EMO as a result of my / our claim for assistance required under paragraph 7;
 - b) That such advance shall be deducted from the total amount of disaster assistance as may be provided to me / us; and
 - c) That such advance will be used by me / us to make repairs or replacements as required by NB EMO to satisfy its requirements for disbursement of an advance against disaster assistance.
9. I / We acknowledge and agree that if NB EMO determines that I / we do not qualify for the “Advance against Disaster Financial Assistance Program” for property damaged or destroyed in an amount of that was advanced to me/us, or if I / we qualify for an amount less than the amount that I / we received as part of the “Advance against Disaster Financial Assistance Program” for property damaged or destroyed that I / we agree that the advance assistance provided pursuant to this Application, or the applicable portion thereof, shall be repaid, as a debt due and owing to the Government of New Brunswick, upon its demand.
10. I / We authorize NB EMO to use the Provincial Medicare Number provided in any manner required for the administration of this agreement.
11. I / We declare that the information given in this application is true, correct and complete; that I / we have not withheld any information which may have an effect on this Application; and that no other person has applied for or received advance assistance for the above described building(s) / dwelling(s) or any other building(s) / dwelling(s) which I / we are the registered owner or have an interest.

Dated at _____, New Brunswick, this _____ day of _____, 20_____.

Witness

Signature of Applicant

Witness

Signature of Co-Applicant (if applicable)