



# Sewer Backup Compassionate Grant Application Form

## CLAIMANT'S INFORMATION – Provide both addresses if mailing address is different from property address

Tax Roll #			
Property Owner's Name:			
Property Address:			
Mailing Address (if different):			
City:			
Province:		Postal Code:	
Home/Cell Phone:		Work Phone:	
Email Address:			

## SEWER BACKUP INFORMATION – Provide a brief description of the sewer backup and loss that you experienced

### Backup #1

Date of Incident:			
Brief Description of Incident:			

### Backup #2

Date of Incident:			
Brief Description of Incident:			

## SUPPORTING DOCUMENTATION – Provide the following information with your application

Proof of two sewer backups experienced during significant rainfall events.

Provide the following:

- a) Dates for each sewer backup,
- b) Proof of insurance (must have sewer backup rider), or proof of denial of coverage from insurance company, and
- c) Proof of deductible paid for each backup, and
- d) If already disconnected from storm sewer system, include proof of disconnection, and
- e) Copies of claims or reports submitted to City of Welland for each backup (include invoices and photos, etc.), or
- f) Copies of insurance documents submitted for each backup (include invoices, letters, photos, reports, etc..)

I acknowledge that all required Supporting Documentation is attached.

## TERMS AND CONDITIONS – Please refer to the Sewer Backup Compassionate Grant Policy information before completing this application. A copy of this information is available upon request or can be downloaded from the City of Welland website

1. I understand that the City will verify ownership records as of the date of each claim. Property owner may be required to provide proof of ownership.
2. I acknowledge that the City's offer of a compassionate grant for sewer backups in my home is provided through a general program and is not an admission of liability by the City of Welland in relation to any past sewer backup or flooding of my home.
3. I understand that the grants are offered independently from other programs and that my application for a Sewer Backup Compassionate Grant does not prevent me from applying to other City programs.
4. I understand that any grant funds paid under this program will be deducted from any potential future claim payment by the City in order to avoid the duplication of damage payments.
5. I understand that only deductible costs are eligible for this grant.
6. I understand that this program is offered to all City of Welland property owners who experience two sewer backups in their home in any 5-year period and is specific to sewer backups during significant rainfall events.
7. I understand that I must disconnect my property from the storm sewer system, if not already disconnected.
8. I acknowledge that the City of Welland will verify the status of the property tax account for the property referred to in this application to confirm that the property is not in tax arrears for the purposes of determining eligibility for a compensation grant.

I acknowledge that I have read the above Terms and Conditions.

## VERIFICATION

By signing below, I certify all information is true and correct to the best of my knowledge.

<b>Signature:</b>	
<b>Date:</b>	

### Instructions for Submitting Form

Please submit your completed application to the City of Welland one of the following ways:

- 1) Regular letter mail to:  
City of Welland, Attn: Sewer Backup Compassionate Grant, 60 East Main Street, Welland, Ontario, L3B 3X4
- 2) Email to: [finance@welland.ca](mailto:finance@welland.ca)
- 3) In person at City of Welland, Finance Department, Main Floor, 60 East Main Street, Welland, Ontario
- 4) In person by dropping in Drop Box at front door of Welland Civic Centre, 60 East Main Street, Welland, Ontario

If you have questions, please email [finance@welland.ca](mailto:finance@welland.ca) or call 905-735-1700 ext. 2172.

*Personal Information contained in this form is protected by the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.m.56, and such information is being collected on behalf of the City's insurer in confidence for use in relation to the occurrence only.*