

(To be completed by Applicant's Accountant)

Business Owner's Name:
Applicant Business Name:
Business Address:

With reference to the Applicant's request for Disaster Financial Assistance due to **Hurricane Dorian, September 7- 8, 2019**, confirmation is made of the following:

- gross revenues as reported for tax purposes by _____
(Applicant's Business Name)
of at least \$10,000 but not more than \$2 million for the tax period immediately preceding the year of the disaster, 2018.

- That we have reviewed the total hours or days worked by all full time and part time staff of the claimant's business for the taxation year or T4 year immediately preceding the year of the disaster and can confirm that the total hours or days worked does not exceed the equivalent of hours or days that would have been worked by 20 full time employees.

Signed this _____ day of _____, 20____.

Name of Accountant: _____

Address of Accountant: _____

Signature and designation: _____

Send this form to the Emergency Management Office

Fax: 902-424-5376 or Scan to Email: emo@novascotia.ca or

Mail to: **Disaster Financial Assistance**
PO Box 2581
Halifax, NS B3J 3N5

Questions? Call: 902-424-5620 or toll free at 1-866-424-5620