

(To be completed by Applicant's Lawyer)

Business Owner's Name:	_____
Business Name (if applicable):	_____
Business Address:	_____ _____

With reference to the Applicant's request for Disaster Financial Assistance, the following is confirmed, and I certify that as of **September 23-24, 2022** the:

- applicant's business was an owner-operated enterprise,
- owner-operator was acting as a day-to-day manager, and
- said owner-operator owned at least 50% of the business.

Signed this _____ day of _____, 20____.

Lawyer's Name: _____

Lawyer's Address: _____

Signed by: _____

Send this form to the Emergency Management Office

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

Postage 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