Town of Swan River
Manitoba, Canada

Swan Valley Flood Recovery

Essential Appliance Assistance Program Application

Personal Information

Please complete all sections

Name *

First Name Last Name

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number *

Area Code Phone Number

Email

example@example.com

Qualifying Information

Please complete all sections

Do you own the home and are the primary resident? *

◯ YES ◯ NO

Do you qualify for any of the following priority categories (select all that apply): *

- ☐ High: Seniors (65+)
- ☐ High: Households with annual income below $50,000
- ☐ High: Persons with disabilities
- ☐ High: Families with dependent children
- ☐ High: Homes that are currently uninhabitable because of the damaged appliance
- ☐ Secondary: Households with annual income below $80,000
- ☐ Secondary: Applicants without insurance coverage
- ☐ Secondary: Applicants who have exhausted other financial assistance

Is there any other information you want to share about your situation?

Appliance Information

Please complete all sections

Have you already purchased the appliance? *

- ◯ YES
- ◯ NO

What type of appliance are you submitting for: *

- ☐ Hot Water Tank
- ☐ Furnace
- ☐ Clothes Washer or Dryer
- ☐ Freezer or Refrigerator
- ☐ Electrical Panel

Document Submission

Please complete all sections

Please include to following with your submission:

1. A photo of the damaged appliance
2. A copy of your receipt or quote
3. Proof of income (if applying under low-income priority)

I certify that the information provided in this application is true, accurate, and complete to the best of my knowledge.