



**SHELTER FUND GRANT APPLICATION  
FOR PRIMARY RESIDENCES ONLY**

Today's Date: \_\_\_\_\_

*Please PRINT LEGIBLY*

**APPLICANT INFORMATION**

Legal Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

How many in household: \_\_\_\_\_

Household Members Full Names and Ages

_____	_____
_____	_____
_____	_____

**INCIDENT INFORMATION**

Date of Incident \_\_\_\_\_ Do you rent or own home? \_\_\_\_\_

If you rent, give name & phone # of landlord \_\_\_\_\_

How long at this address? \_\_\_\_\_ Do you have a mortgage? \_\_\_\_\_

Do you have homeowners or renters insurance? Specify \_\_\_\_\_

Was your home a total loss? If not, please describe situation. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIST 3 REFERENCES FOR VERIFICATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please submit this application to CFLC, PO Box 2750, Ruidoso, NM 88355  
or by email to [cfolcshelterfund@gmail.com](mailto:cfolcshelterfund@gmail.com)  
To apply online, go to <https://www.cfolc.org> and click SHELTER FUND.  
Please do NOT apply more than once.**