



SHELTER FUND APPLICATION

Today's Date _____

Applicant Information

Full Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

How many in Household? _____ Household Member's Names: _____

Incident Information

Date of Incident: _____ Do you own or Rent? _____ How long at this address: _____

Narrative of Incident: _____

Specific Request for Assistance: _____

3 References for Verification:

Name _____ Contact Number _____

Name _____ Contact Number _____

Name _____ Contact Number _____

Please submit this application to CFLC, PO Box 2750, Ruidoso, NM 88355 or by email to cflcnm@gmail.com