Before you apply: This fund helps households with flood-related basic needs that insurance, savings or other aid do not cover. An Advisory Board reviews each application and bases its decision on need. Funds are limited, so applying does not guarantee an award.

Who can apply: Anyone whose household was affected by the flooding that began on or about October 22, 2026, including later related storms, and whose primary home is in Creede, South Fork or Del Norte. Other affected individuals and households will also be considered. Homeowners, renters and people staying with others may all apply. We do not ask about citizenship or immigration status, and we do not ask for a Social Security number.

What the fund can help with:

- Temporary housing, rent, or a mortgage payment that prevents loss of your home
- Food, water, clothing and household essentials
- Medicine, medical needs and counseling
- Transportation, including vehicle repair needed to get to work, school or care
- Child care
- Essential home repairs, cleanup, well testing, heating and utility restoration

What the fund usually cannot help with: second homes, vacation or rental property, recreational items, business losses, and expenses already paid by insurance or another program. [BOARD TO CONFIRM]

How to apply:

- Pick up a form during open hours at HVCC | 595 Grand Ave. | Del Norte
- File it online at theHVCC.org/floods
- Email to floods@thehvcc.org

Applications are due December 10, 2026, or sooner if funds run out. They are reviewed every week, and we will respond within 7 days of receiving a complete application. If you have no safe housing, heat or water, or need urgent medical help, tell us here or call 719-657-2172. We will respond within 2 business days. If you would like help filling out this form, or would like it in Spanish, call 719-657-2172.

What to include, if you have it: a repair estimate, receipts, bills, photos of the damage, or an insurance or aid letter.
Lost your paperwork in the flood? Apply anyway. Tell us what happened and we will work with you.

Other help: Call 2-1-1 or text your ZIP code to 898-211 for flood assistance and temporary lodging information. If you have not already, report your damage to your county through Crisis Track. A damage report is not an application for this fund.

Part 1: About you and your household

Question	Your answer
Applicant full name	
Date of birth	
Flood-affected address	
Town and county	
Where you are staying now, if different	
Mailing address, if different	
Best phone number	
Email, if you have one	
Preferred language	
Best way to reach you	

Everyone living in your household

Name	Relationship to you	Age

Does anyone in your household have a disability, serious medical need or medical equipment we should know about?

- ☐ No
- ☐ Yes. Please explain:

Part 2: How the flood affected you

This home is:

- ☐ My primary home, and I own it
- ☐ My primary home, and I rent it
- ☐ A home where I was staying with family or friends
- ☐ A mobile home or RV that is my primary home
- ☐ Other:

Check everything that applies:

- ☐ We had to evacuate
- ☐ We still cannot live in our home
- ☐ The home was destroyed or is unsafe
- ☐ The home has damage to floors, walls, foundation or roof
- ☐ We lost heat, power, water, sewer or well service
- ☐ We lost food, clothing, furniture or appliances
- ☐ We lost medicine or medical equipment
- ☐ A vehicle we depend on was damaged
- ☐ We lost work or income because of the flood
- ☐ Other:

Tell us what happened and how your household is doing now.

_____

_____

_____

Part 3: What you need help with

List your most urgent need first. Your best estimate is fine.

What do you need?	**Estimated cost ($)**	**Who would be paid? (landlord, store, contractor, you)**
Total requested		

The fund often pays a landlord, contractor, utility or store directly. If that will not work for you, tell us why here:

_____

What will happen if you cannot get help with this need in the next two weeks?

_____

Part 4: Other resources and your finances

These questions help the Advisory Board direct limited funds fairly. Having insurance or a job does not disqualify you.

Other help you have received or applied for

Source	Applied? (Yes / No)	Status or amount received ($)
Homeowner's, renter's or auto insurance		
Flood insurance		
FEMA or SBA		
State, county or town assistance		
Red Cross, church or another charity		
Family, GoFundMe or other fundraiser		

Can your household cover this need without help?

- ☐ Yes, most of it
- ☐ About half
- ☐ A small part
- ☐ Almost none

Did the flood reduce your household's income?

- ☐ No
- ☐ Yes, some
- ☐ Yes, most or all

Is there anything else that would help us understand your situation?

Part 5: Relationship disclosure

A relationship does not disqualify you. We need to know so that person can stay out of the decision.

Is anyone in your household related to, or in business with, a High Valley Community Center board member, officer, key employee, major donor, or Community Flood Recovery Fund Advisory Board member?

- ☐ No
- ☐ Yes. Name and relationship: _____

Part 6: Certification and consent

Please read and initial each line.

Initials	Statement
	The information in this application is true to the best of my knowledge.
	I will tell the fund if I receive insurance or other aid for the same need before funds are paid.
	I will use any assistance only for the purpose it was approved for and will keep receipts when I can.
	I understand that funds are limited, that assistance is not guaranteed, and that false information may cancel an award.
	I agree that fund staff and the Advisory Board may review this application and verify the information in it. They will keep it confidential.
	I agree that the fund may keep records of my application and any award, as required for a charitable organization.

If you receive help, any tax question is between you and your tax advisor. The fund cannot give tax advice.

Item	Your answer
Applicant signature	
Printed name	
Date	

Additional Information: