

Application Date: _____

Disaster Date: _____

Incident Description: _____

CAMPUS Location:

Current Campus Department: _____

Primary Applicant	Joint Applicant
First Name:	First Name:
Last Name:	Last Name:
Contact Information Provide your preferred method of contact	Contact Information Provide your preferred method of contact
E-mail Address:	E-mail Address:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

Damaged Property Address

Mailing Address (if different than damaged property address)

Address:	Address:
City:	City:
Zip+4:	Zip +4:

Insurance Information: Please provide insurance in force for the damaged property

Property: Policy Type Insurance Company Name Phone \$ Amount Received

FEMA Assistance

Did you receive assistance from FEMA? yes no, if yes, how much did you receive

Other Assistance

Did you receive assistance from Colorado or your local municipality to rebuild or purchase a home? yes no.

If yes, how much did you received

Assets - Pre-disaster value

Primary Residence.....

Personal Property (furniture, etc.)

CERTIFICATION AS TO TRUTHFUL INFORMATION: By signing this application, you certify that all information in your application and submitted with your application is true and correct to the best of your knowledge.

Signature of Applicant

Date

Signature of Joint Applicant

Date