



**2026 CLARK & MEADE COUNTY FIRE RELIEF FUNDS APPLICATION
HOMEOWNER'S APPLICATION**

Name: _____ EIN/SSN: (Required) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Please list and describe all structures lost in the fire (house, out buildings, vehicles, personal property, etc.):

Was the property described above insured? Yes No

What is your estimated out-of-pocket expense? \$ _____

Have you received any donations or other funding to help cover your losses? Yes No

If yes, please describe: _____

Applications must be submitted in full by August 1, 2026

Signature: _____ Date: _____

Please return completed application to:
Ashland Community Foundation
PO Box 276
Ashland, KS 67831