



WILDFIRE RECOVERY FUNDING

HOW CAN WE HELP YOU RECOVER?

ABOUT: The purpose of Head of the Lake United Way's (HLUW) 2025 Lake County Wildfire Recovery Fund is to provide financial support to local individuals impacted by recent wildfires. This application is to help with a one-time disbursement of up to \$5,000. This relief cannot be provided directly to individuals; instead, it can come in the form of a bill assistance or assistance purchasing appliance(s) and/or building supplies.

The information requested in this application will be used to verify damage and need. Each application will be carefully reviewed by a small HLUW committee; all requests will remain confidential. Financial support cannot be processed without the application fully executed.

ELIGIBILITY: To qualify for this funding, individuals/families must:

- Live or work in Lake County, MN
- Have incurred damage to their home or property due to the 2025 Lake County Wildfire and provide the following:
 - Proof of residence pre-wildfire (utility bill, driver's license, etc.)
 - Proof for wildfire damage (photo or verified reference [ex: Red Cross, Lake County, City])
 - Proof of insurance status if applicable (denial letter, explanation of coverage)
 - For assistance with a specific bill - copy of actual bill (Service Master, insurance deductibles, etc.)

AND/OR

- Secondary impact due to the 2025 Lake County Wildfire:
 - Proof of expenses related to secondary impacts (medical bill, childcare costs, etc.)

If you have questions regarding eligibility, please call 218-720-4770 or visit our website at: hlunitedway.org/wildfire-resources

Please note that completing this paperwork does not guarantee funding. If your application is approved, please keep in mind that this is a one-time grant opportunity with a maximum distribution of \$5,000, though distributed amounts will vary based on a number of objective factors as we weigh the amount of funding we have to distribute and the number of requests we receive. Please allow up to two (2) weeks for your application to be processed. Applications will be open through July 31, 2025.

Questions or Assistance in Completing this application?

Contact HLUW Community Impact Director Jaci Christiansen at
jchristiansen@hlunitedway.org or 218-720-4889



WILDFIRE RELIEF FUND APPLICATION

Applicant Name (First, Last):

Address at time of wildfire (include city):

Mailing Address (if different than above):

Do you Own, Rent, or Other (please specify):

Date of Birth:

Household Size:

Phone:

Email:

Date of Wildfire Damage:

Please attach wildfire damage photos OR list an organization that can confirm wildfire at this address (examples of verified entities are American Red Cross, Lake County, or your city of residence):

- ☐ Check this box to give HLUW permission to contact the above organization for wildfire verification purposes.
- ☐ Check this box if you have submitted a damage report to Lake County.
- ☐ Check this box if you have submitted a damage report to FEMA.

INTERNAL USE ONLY:

Date Received:

Date Contacted:

Spoke With:

Date Sent to review Committee :

Approved: Yes No On Hold

On Hold or Denial Reason:

Approver:

Date Sent to Applicant:

Date Funds Sent to Vendor:

Vendor Name:

WILDFIRE RELIEF FUND APPLICATION

My household needs the following forms of relief (please prioritize with 1 being the highest)

1) Bill or item

Cost:

If request is for an item to be replaced, please list your preferred vendor:

2) Bill or item

Cost:

If request is for an item to be replaced, please list your preferred vendor:

3) Bill or item

Cost:

If request is for an item to be replaced, please list your preferred vendor:

4) Bill or item

Cost:

If request is for an item to be replaced, please list your preferred vendor:

5) Bill or item

Cost:

If request is for an item to be replaced, please list your preferred vendor:

WILDFIRE RELIEF FUND APPLICATION

Please provide a brief description of your wildfire damage or impact:

Please detail any other wildfire related assistance you have received:

If you have any wildfire related volunteer needs, please list them here:

CERTIFICATION

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

Signature of Preparer:

Date:

- ☐ **Check this box if you have provided a copy of any of the bills listed above.**
- ☐ **Check this box if you have provided documentation for each of the following:**
- Photo of wildfire damage or agency reference
 - Proof of residence at time of wildfire (utility bill, driver's license).
 - Proof of insurance status, if applicable (rejection letter, explanation of coverage).
 - Copy of actual bills, if applicable.
 - Copy of receipts, if applicable.

All three pages of this application must be returned, with every question answered, if applicable, and all supporting documents must be included in order to be considered for support

**Fully completed applications can be emailed to jchristiansen@hlunitedway.org
or mailed to 314 W Superior St. #750, Duluth MN 55802**