

# **GNF ELIGIBILITY**

(Assistance applies only to PNM customers)

Applicants are eligible for a one time grant per household during the established program year.

## **Eligibility requirements:**

- \* Applicant must have received LIHEAP assistance before GNF assistance is rendered.
- \* Must be 30, 60 or 90 days past due
- \* Must meet established income guidelines  
(Gross income must not exceed 150% of the HHS Poverty Guidelines)

## **REQUIRED DOCUMENTATION:**

- \* Most recent past due PNM bill
- \* Valid picture ID for all adults
- \* Medicaid cards, shot records or school ID's for all children  
(Documentation must have child's date of birth)
- \* Proof of GROSS income for 30 days for all adults  
(Check stubs, letter from employer or current Social Security Award letter)
- \* If NO INCOME-Must provide Food Stamp case print out for all household members.
- \* LIHEAP APPROVAL LETTER

# PNM Good Neighbor Fund

## Application

Name of applicant \_\_\_\_\_

Service address \_\_\_\_\_

Phone \_\_\_\_\_ Number of family in the home \_\_\_\_\_

Please list the names of everyone living in your home

Age

	Age

Please tell us about your emergency need

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this application, I am acknowledging that I understand that this **does not** event my PNM electric account from being disconnected if I owe more than this grant will cover. If approved, I will call PNM with my GNF approval code and make any needed payment or payment arrangements on the account to prevent a disconnect on my account. I understand that if I have already received help from this fund this year, today's award will **not** post

Customer signature X. \_\_\_\_\_ Date. \_\_\_\_\_

*The PNM Good Neighbor Fund is made possible by contributions from PNM customers, employees, and*



CUSTOMERS DO NOT WRITE ON THIS SIDE OF THE SHEET- PNM USE ONLY

Grant documentation (attach copies of all documents)

Proof of income

Amount \_\_\_\_\_ Source \_\_\_\_\_

Amount \_\_\_\_\_ Source \_\_\_\_\_

Amount \_\_\_\_\_ Source \_\_\_\_\_

Total income- \_\_\_\_\_ Check guideline charts

No income-proof source- unemployment stopped. \_\_\_ HSD print out. \_\_\_

Other (specify) \_\_\_\_\_

Apply for LIHEAP? Application pending. \_\_\_ application approved \_\_\_

PNM bill Date of bill \_\_\_\_\_ Amount past due \_\_\_\_\_

Bill validated-IVR \_\_\_ CSR \_\_\_\_\_

ID provided for all persons in the home? Yes \_\_\_ No \_\_\_

Second party form required? Y \_\_\_ N \_\_\_

GNF approved amount\$ \_\_\_\_\_ Denied reason: \_\_\_\_\_

GNF Code- GNF \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_