



DOING THE MOST GOODSM

Heat New Mexico Required Documents

Hard Copies ONLY, we are unable to take documents off your phone.

LI-Heap

- We need the Li-heap approval/unable to assist letter from Human Services. You must have applied since October 1, 2019.
- This is needed whether the assistance went towards PNM or NM Gas.
- Persons 65 years or older do not need to show proof of LIHEAP.

IDs

- We need documentation for EVERYONE in the household
- For **ALL ADULTS** in the house we need a **PHOTO ID** or a copy of it
- For **ALL Minors** (people under 18) we need a Medicaid Card or Birth Certificate or School ID

*****SOCIAL SECURITY CARDS WILL NOT BE ACCEPTED*****

Proof of Income:

- If you are working, we will need to see your Check Stubs
- If you are receiving SSI, SSDI, unemployment, retirement pension, or any other source of income; we will need to see the award letter or a print out of the deposits into the account
- If you have no income, you need to show the **amount** of your monthly food stamps.

Bill

The Gas Bill must be your current bill; no older than 45 days; we cannot assist with deposits or bills from a previous residence or those that have been turned off for several months/years

-The account must be **in your name; not in your landlord's name**

-If the account is not in your name and not in your landlord's name, we will need a letter of release from the account holder (saying that the applicant can discuss the account holder's behalf, as well as a copy of their ID)

We accept Heat N.M. applications only on
Tuesdays, Wednesdays and Thursdays (Martes, Miercoles y Jueves)
from 9:00 to 11:00 a.m. and 1:00 to 3:00 p.m.

Applications are taken at the Social Services Department at
4301 Bryn Mawr N E (one block south of Montgomery, just east of I-25)
505.872.1171



HEAT NEW MEXICO APPLICATION
New Mexico Gas Company Utility Assistance

New Mexico Gas Company Customer Account Number

- -X

Applicant name:	<u>NMGC account holder NAME:</u>
Are you authorized on account? Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to account holder:
Service address:	City State Zip Telephone Number

Number of family members in the home _____

Please list the names of **everyone** living in the home. (**List yourself first then all other household members.**)

LAST NAME	FIRST NAME	DOB	AGE	SS #	RELATIONSHIP	GENDER	RACE	MARITAL STATUS
					Client			

I, _____, hereby authorize The Salvation Army Family Service Dept. to release and/or request information from other agencies to verify all information provided. This would include, but is not limited to, other non-profit agencies, landlord or mortgage company, utility companies, and employer(s). This authorization also includes leaving detailed information with person(s) or on voicemail at the telephone number provided in this application. I understand this authorization will remain in effect for 90 days. I may revoke this authorization at any time by sending notice in writing to: The Salvation Army, P.O. Box 27690, Albuquerque, NM 87125-7690, Attn: Family Services.

I hereby certify that I have read and understand the above and that all information provided in this application is true and accurate to the best of my knowledge. Further, I acknowledge that persons requesting assistance must meet program eligibility requirements and provide all necessary documentation and information, and that filling out this application does not guarantee that I will receive requested assistance.

SIGNATURE OF CLIENT: _____ **DATE:** _____

Individuals having a complaint about his/her denial of service or treatment can submit a complaint in writing to The Salvation Army, Director of Social Services, P.O. Drawer 27690, Albuquerque, NM 87125. Please provide an explanation of what services were denied and/or why you think you were treated unfairly. The complaint will be reviewed as to information provided and program/eligibility requirements. If after review, the decision is reversed, assistance will be provided within 48 hours. In all circumstances, a written response will be issued within 7 days of the date the complaint was received. If reconsideration of the decision is requested, the complaint will be sent to the Commanding Officer. Complaints will be kept at the administrative office for a period of one year.



DO NOT WRITE ON THIS SIDE-AGENCY USE ONLY

Provided proof of income: Yes No

Income source: _____ Amount: _____

Income source: _____ Amount: _____

Income source: _____ Amount: _____

Total income: _____

No income-proof source: _____

Applied for or received LIHEAP? Yes No

Date: _____

Number of people in household: _____

ID provided for each household member: Yes No

Provided proof of address? Yes No

Does the address match the service address on the bill? Yes No

Account number verified? Yes No

Account number: _____

Date of bill: _____

Approved? Yes No

If yes, approved amount: _____

If no, reason for denial: _____

Approved by: _____ Date: _____

Additional Comments:
