

PNM Good Neighbor Fund

Application

Name of applicant _____

Service address _____

Phone _____

Number of family members in the home _____

Please list the names of everyone living in your home

Age

Please tell us about your emergency need

By signing this application I am acknowledging that I understand that this grant does not prevent 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 disconnect on my account.

Customer signature X _____

Date _____

The PNM Good Neighbor Fund is administered throughout PNM service territory by The Storehouse. It is made possible by contributions from PNM customers, employees and shareholders.



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? Y _____ N _____

Second party form required? Y _____ N _____

GNF approved amount \$ _____

Denied reason: _____

GNF Code- GNF _____

Approved by _____

Date _____

