

THIRD PARTY FORM FOR THE PNM GOOD NEIGHBOR FUND
(ONLY NEEDED IF THE BILL YOU HAVE TODAY IS NOT IN YOUR NAME)

I, _____, am the account holder for the

service address of _____.
(the service address where the client is living)

I authorize _____ to apply for
(Clients' name)

the PNM Good Neighbor Fund on my behalf. I am providing a copy of my identification card
(i.e. Drivers license, NM ID, anything with a signature on it) to be used as validation of the
signature below. I understand and agree to the conditions of the GNF program below.

X _____ Date _____
Signature

- Only one assistance grant is awarded per year per customer, so once this grant is awarded I may not apply for another grant even if I am at different address
- My account is not in a landlords name
- 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 a disconnect on my account.
- I have not already received help from the GNF this year.