



HEAT NM is administered by the Salvation Army. Applications are processed by the Salvation Army or one of its agents. Please print and sign your completed application, and take it to the designated agency in your area. Visit [www.nmgco.com/en/HEAT\\_For\\_Help](http://www.nmgco.com/en/HEAT_For_Help) for a list of locations.

**HEAT NEW MEXICO APPLICATION**  
**New Mexico Gas Company Utility Assistance**

New Mexico Gas Company Customer Account Number

-         -X

Applicant name:				NMGC account holder name:			
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

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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:

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