

#### NM HEAT FINANCIAL ASSISTANCE PROGRAM

LAGUNA TRIBAL MEMBERS GAS ASSISTANCE PROGRAM

#### MANAGED BY THE PUEBLO OF LAGUNA BENEFITS SERVICES PROGRAM



#### What is NM HEAT?

The NM HEAT Assistance Program is a temporary program to help low-income households pay overdue, NM Gas bills. The Program is open to all Laguna Tribal members who reside on the reservation and who are NM Gas customers. NM HEAT is not a grant program. You do not have to repay it.

#### **NM HEAT Can:**

- Pay current and past due gas bills
- Pay fees and interest assessed on your account

## How do I apply?

- Request an application by calling the POL Benefits Services at (505) 552-5738
- Applications are available at the POL Benefits Services office located at 7 Rio San Jose Rd, Laguna, NM
- Download an application at www.lagunaua.org

## To apply, you will need:

- Names of people in your household;
- Dates of birth for all household members: and
- A recent NM Gas billing statement.

# \* INCOME GUIDELINES

Household Size	Maximum Annual **Net Income			
1	\$32,190			
2	\$43,540			
3	\$54,900			
4	\$66,240			
5	\$77,600			
6	\$88,940			
7	\$100,300			
8	\$111,640			

<sup>\*\*</sup> Net income is a household's income after deductions and taxes

For more information, please contact
PUEBLO OF LAGUNA BENEFITS SERVICES
(505) 552-5738

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PUEBLO OF LAGUNA UTILITY AUTHORITY (505) 552-9631

The Pueblo of Laguna Benefits Services is proud to collaborate with the Pueblo of Laguna Utility Authority and NM Gas to distribute financial assistance to the Laguna Community of the NM HEAT financial assistance benefits.





Gas Company the receipt of NM HEAT benefits.

SIGNATURE OF APPLICANT



# Pueblo of Laguna in partnership with New Mexico Gas Company NM HEAT Program Financial Assistance/Income Verification Application

PLEASE PRINT CLEARLY.  APPLICANT INFORMATION			PLEASE SUBMIT THE FOLLOWING DOCUMENT  Copy of New Mexico Gas billing statement			
1 FIRST NAME:	M.I	LAST NAM	1E:			
MAILING ADDRESS:	CITY:		STATE:		ZIP:	
PHYSICAL ADDRESS:	CITY:		STATE:		ZIP:	
PHONE #:	EMAIL ADDRESS:					
Are you an enrolled Laguna tribal member?	□ Yes □ No	NM Gas Accou	nt #:			
HOUSEHOLD MEMBERS		Name on Acco	unt:			
FIRST NAME	LAST NAME	<u>AGE</u>	LAGUN	IA TRIBA	L MEMBER	
2				Yes □	No	
3				Yes □	No	
4				Yes □	No	
5				Yes □	No	
6				Yes □	No	
7				Yes □	No	
8				Yes □	No	
9				Yes □	No	
10				Yes □	No	
INCOME PLEASE ITEMIZE YOUR NET ANNUAL HOUSE	HOLD INCOME.					
WAGE \$	SOCIAL SECURITY BENEFITS	\$ \$		_	TOTAL	
RETIREMENT \$	SELF EMPLOYMENT INCOM	1E \$		\$		

**DATE**