



**New Mexico**  
GAS COMPANY

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

PLEASE PRINT CLEARLY.

PLEASE SUBMIT THE FOLLOWING DOCUMENT  
 Copy of New Mexico Gas billing statement

**APPLICANT INFORMATION**

1 FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Are you an enrolled Laguna tribal member?  Yes  No NM Gas Account #: \_\_\_\_\_

**HOUSEHOLD MEMBERS**

Name on Account: \_\_\_\_\_

	<u>FIRST NAME</u>	<u>LAST NAME</u>	<u>AGE</u>	<u>LAGUNA TRIBAL MEMBER</u>
2	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**INCOME**

PLEASE ITEMIZE YOUR NET ANNUAL HOUSEHOLD INCOME.

WAGE	\$ _____	SOCIAL SECURITY BENEFITS	\$ _____	<b>TOTAL</b>
RETIREMENT	\$ _____	SELF EMPLOYMENT INCOME	\$ _____	<b>\$ _____</b>

I certify that the information provided is true and complete to the best of my knowledge. I will notify the Pueblo of Laguna if my financial status changes. I understand that Pueblo of Laguna will use my account information to verify with New Mexico Gas Company the receipt of NM HEAT benefits.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_