



The HIEF board will begin accepting applications for grants in July of 2019.

Serving New Mexico Fund offers financial assistance to restaurant and hospitality workers facing an unanticipated hardship. The incident must have occurred within the past 6 months.

Expenses covered:

Medical / Dental (unforeseen injury)
Funeral Immediate family
Auto repairs
Rent/mortgage
Utilities- Power, gas, water
Vet bills
Daycare

Expenses NOT Covered:

Insurance
Loan Payments
Cable/ internet services
Credit card bills
phone bills

Completed applications (which include the application and ALL supporting documentation listed below) that are submitted by the 15th of each month will be reviewed and determined by the 25th of that same month.

All applications require:

	Statement of need: can be completed by applicant or by someone of their behalf, can be handwritten or in email or sent with application.	
	Must include:	
	<ul style="list-style-type: none"> • What is your unanticipated hardship? • How much work have you missed so far and how much work do you expect to miss in the future (please use specific dates)? • When did it happen (please use specific dates)? • How has this hardship affected you financially? 	
	Completed Personal Info worksheet	
	Completed Restaurant Employment History	
	Submitted copies of all that apply:	
	Copy of recent paycheck or paystub—if there has been missed work, we prefer to see one from before the crisis AND a current one.	
	Documentation of incident – please refer to the following chart of qualifying events	
Qualifying Event:	Documentation Needed:	
Medical / Dental bills	Bill or EOB	
Funeral Immediate family	Invoice / Bill	
Auto	Invoice / Bill	
Rent/mortgage	Complete Mortgage and Utility Questionnaire Statement with name on it	
Utilities	Complete Mortgage and Utility Questionnaire Statement	
Vet bill	Invoice / Bill	
Daycare	Bill	

Personal Info for Applicant

Full Name of Applicant: _____

Last 4 SSN # _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____

Email: _____

Date of Birth: _____

Qualifying Event (circle all that apply):

- Medical / Dental (Unforeseen Injury)
- Funeral Immediate Family
- Auto Repairs
- Rent/Mortgage
- Utilities- Power, Gas, Water
- Vet Bills
- Daycare

Gender: Female • Male • Non-Binary • Prefer Not To Answer

Race: American Indian/Native American • Asian • Black/African American • Hispanic/Latino • White/Caucasian • Pacific Islander • Other • Prefer Not To Answer

How did you hear about Serving New Mexico Fund (check all that apply):

- | | |
|----------------------------|------------------------|
| Employer | Friend |
| Facebook/Twitter/Instagram | News/Media |
| Trade Show | Church/Religious group |
| Other non-profit | Other |

Please list name of person or organization that referred you: _____

Signature: _____ **Date:** _____

By submitting this application and signing below, under penalty of perjury, I declare, to the best of my knowledge and belief, the above stated information and other information that it may collect in determining my qualifications for receiving a grant, including disclosing such information to others as necessary outside of the New Mexico Serving fund. I understand that funding from the New Mexico Serving fund is not guaranteed. I certify that if a grant is received it will only be used for my expenses incurred in connection with the situation described in the this application. I authorize the New Mexico Serving fund to disclose my name and grant amount, if a grant is issued, in furtherance of its purposes and legal requirements.

When your application is complete, please return with ALL supporting documents to:

1. EMAIL -certification@nmrestaurants.org – subject must read : Serving NM Fund Application
2. MAIL - 9201 Montgomery Blvd NE Suite 602, Albuquerque, NM 87111
4. CALL - If need help with application please call 505-343-9848

Restaurant Employment History

Please provide for the past 2 years, starting with the most recent/current:

Restaurant Name (current or most recent): _____

Name of Direct Manager: _____ Direct Phone for Manager: _____

Street Address of Restaurant: _____

County of Restaurant: _____ Phone Number: _____

Tell us about your restaurant (circle one):

Tell us about your position:

Quick Service Restaurant

Position:

Fast Casual

Are you: FOH or BOH?

Business Casual

Start Date:

Fine Dining

End Date:

Other: coffee shop/cafeteria/deli counter

Still employed here: Yes___ No ___

Average # hours per week:

Hourly/Salary/Tips/Combo
(please provide detail for
a combo)

Have you used any
vacation or PTO for time
off?

Restaurant Name (2nd job or previous workplace): _____

Name of Direct Manager: _____ Direct Phone for Manager: _____

Street Address of Restaurant: _____

County of Restaurant: _____ Phone Number: _____

Tell us about your restaurant (circle one):

Tell us about your position:

Quick Service Restaurant

Position:

Fast Casual

Are you: FOH or BOH?

Business Casual

Start Date:

Fine Dining

End Date:

Other: coffee shop/cafeteria/deli counter

Still employed here: Yes___ No ___

Average # hours per week:

Hourly/Salary/Tips/Combo
(please provide detail for
a combo)

Have you used any
vacation or PTO for time
off?

Rent/Mortgage and Utilities

RENT/ MORTGAGE

Do you Rent or own your home? _____

Is your name listed on your lease/ mortgage statement? Yes No

Who is your rent/mortgage check made payable to? _____

What is the total monthly cost of your home? _____

What portion of the total monthly cost is YOUR responsibility? _____

UTILITIES

Do you have a power bill? Yes No

Who is your power company? _____

What is the account number for your power bill? _____

Is your name listed on the power bill? _____

What percentage do you pay? _____

Do you have a water bill? Yes No

Who is your water company? _____

What is the account number for your water bill? _____

Is your name listed on the water bill? _____

What percentage do you pay? _____

Do you have a gas bill? Yes No

Who is your gas company? _____

What is the account number for your gas bill? _____

Is your name listed on the gas bill? _____

What percentage do you pay? _____