

# New Mexico State Lifeline Telephone Assistance Application

You must complete **ALL** sections front and back **COMPLETELY AND LEGIBLY**. Incomplete or illegible entries will be declined. If declined due to incomplete or illegible entries, a new application will be required if Lifeline benefits are still desired.

Section 1: Subscriber Information (Must match information on Telephone Bill)																
1 First Name:	2 Last Name:															
3 Telephone Number:	4 Date of Birth (mm/dd/yyyy):															
5 Last 4-digits of Social Security Number:																
Benefit Qualifying Person (Complete <u>only</u> if different from Subscriber Information):																
6 First Name:	7 Last Name:															
8 Date of Birth (mm/dd/yyyy):	9 Last 4-digits of Social Security Number:															
Subscriber's address of primary residence (No P.O. Box):																
10 Street Address:	11 Apt:															
12 City:	13 State:	14 Zip:														
15 Is this a temporary address? Yes <input type="checkbox"/> No <input type="checkbox"/>																
Billing address, if different from service address (May include Post Office Box):																
16 Street Address:	17 Apt:															
18 City:	19 State:	20 Zip:														
Section 2: Program Requirement - Eligibility																
Complete this section to indicate that you (or your dependent or a member of your household*) receives benefits from at least one of the programs listed below <b>OR</b> your household meets the income requirements below. (**Attach a copy of the supporting document to describe below for the program you are selecting). If qualifying through a dependent or household member, please mark their qualifying program(s). Check all programs that apply. (Also attach a copy of a state issued photo ID.)																
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 60%;">Complete this section if you qualify through a program</div> <p>**Qualifying documentation is as follows: benefit/program participation card or award letter</p> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><input type="checkbox"/> Medicaid <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) <input type="checkbox"/> National School Lunch/Free Lunch Program (NSL)</div><div style="width: 45%;"><input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Federal Public Housing (Section 8) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)</div></div> <p style="text-align: center; color: red; font-weight: bold; margin: 10px 0;">OR</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 60%;">Complete this section if you qualify through income</div>																
My household income is at or below the amount listed based on my household size on the chart to the right. Including myself, my household size is:																
_____																
**Qualifying documentation for income is as follows:																
<div style="display: flex; flex-wrap: wrap;"><div style="width: 45%;">• Prior year's state, federal or Tribal tax return;</div><div style="width: 45%;">• Social Security statement of benefits;</div><div style="width: 45%;">• Veterans Administration Statement of Benefits;</div><div style="width: 45%;">• Retirement or pension statement of benefits;</div><div style="width: 45%;">• Federal or Tribal notice letter of participation in General Assistance;</div><div style="width: 45%;">• Unemployment or Workers' Compensation statement of benefits;</div><div style="width: 45%;">• Divorce decree, child support award, or other official document containing income information;</div><div style="width: 45%;">• Current income statement from an employer or paycheck stub (3 consecutive months within previous 12 months);</div></div>		<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr style="background-color: #cccccc;"><th>Household Size</th><th>Annual Income</th></tr></thead><tbody><tr><td>1</td><td>\$23,475</td></tr><tr><td>2</td><td>\$31,725</td></tr><tr><td>3</td><td>\$39,975</td></tr><tr><td>4</td><td>\$48,225</td></tr><tr><td>5</td><td>\$56,475</td></tr><tr><td>Each additional member add:</td><td>\$8,250</td></tr></tbody></table>	Household Size	Annual Income	1	\$23,475	2	\$31,725	3	\$39,975	4	\$48,225	5	\$56,475	Each additional member add:	\$8,250
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1	\$23,475															
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3	\$39,975															
4	\$48,225															
5	\$56,475															
Each additional member add:	\$8,250															
<p>*A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.</p>																

### Section 3: Required Certifications

**Initial:** I hereby certify (initial each disclosure and sign at bottom) under penalty of perjury that:

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1. I (or my dependent or other member of my household) currently receive(s) benefits from the federal/state program(s) identified above or my annual household income is at or below the amount that applies to my household size in the chart on page 1.

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2. I understand that I must notify my service provider within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including: (1) I move to a new address, (2) I, or the eligible person in my household, no longer meets the program or eligibility criteria, (3) my household receives more than one Lifeline discounted telephone.

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3. I acknowledge that my household can only receive one Lifeline Program benefit and, to the best of my knowledge, my household is not receiving more than one Lifeline Program benefit (i.e., only receiving a benefit for one home phone service OR for one wireless phone service, but not both).

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4. All of my responses and acknowledgements provided on this application form are true and correct to the best of my knowledge.

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5. I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, the telephone number that is associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits.

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6. I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program.

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7. I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program will result in my removal from the Lifeline Program and termination of my Lifeline benefit.

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8. I understand that my provider is required to retain copies of documentation that confirms my eligibility as shown on this form.

Signature: \_\_\_\_\_

Subscriber of Telephone Service

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Benefit Qualifying Person (If different from Subscriber)

Date: \_\_\_\_\_

New Mexico State Lifeline is a state benefit that makes monthly telephone service more affordable for eligible households. Your household may receive the Lifeline benefit for **one fixed home telephone OR one mobile service, but not both**. Your household may not receive the Lifeline benefit from more than one service provider. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income and expenses. You may not transfer your Lifeline benefit to another person, even if he or she is eligible. You may lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive the Lifeline benefit.

Mail your completed form to:

Valley TeleCom Group

P.O. Box 970

Willcox, Az 85644