**TELEPHONE ASSISTANCE APPLICATION FORM – NEW MEXICO**

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| Member Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_NM\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_  Home Telephone if you have service (MUST be in your name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Company**: La Jicarita Rural Tele. Coop**. No. of people living in your household: \_\_\_\_\_\_\_\_\_\_  **COMPLETE SECTION 1 OR 2, BUT DO NOT FILL OUT BOTH** |
| **SECTION 1.** I, or a member of my household, currently participate in the following program(s):  Check all that applies and attach a copy of acceptance letter to the applicable program.   |  |  | | --- | --- | | Medicaid  Supplemental Security Income (SSI)  Federal Public Housing Assistance | Supplemental Nutrition Assist. Program  Veteran's Pension or Survivor's Pension | |
| **SECTION 2.** I do not receive benefits from any of the programs listed above, BUT my income is at or below 150% of Federal Poverty Guideline. Please check the box below that applies to your household and attach the supporting documentation described below: (**Income based on 2016 Federal Poverty Guidelines)** |
| |  |  |  | | --- | --- | --- | | Please check | # household members | Household Income(at or below) | |  | 1 | $16,038 | |  | 2 | $21,627 | |  | 3 | $27,216 | |  | 4 | $32,805 | |  | 5 | $38,394 | |  | 6 | $43,983 | |  | 7 | $49,586 | |  | 8 | $55,202 | |  | No. \_\_\_ | \* Add $5,616 each additional person | |
| Please attach one of the documents below if you did not check any boxes in #1. |
| |  | | --- | | Previous Year State/Federal or Tribal Tax Return | | Veterans Administration statement of benefits | | Social Security Administration statement of benefits | | Retirement/pension statement of benefits | | Unemployment/Workers Compensation statement of benefits | | Current year-to-date earnings statement from an employer or 3 consecutive months of pay stubs | | Federal or tribal notice of participation in Bureau of Indian Affairs General Assistance | | Divorce decree or child support wage assignment statement | |

I agree to notify my phone company when I or a member of my household no longer participates in any of the above qualifying public assistance programs or when there has been a change in my family size or income level. **I certify under penalty of perjury the above information is true and that I am not receiving Lifeline credits on any other telephone account. I have read the information on this application and understand I must meet the above qualifications to receive Telephone Assistance (Lifeline/Linkup).**

**Telephone Member DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member SS# last 4 only: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Benefit Qualifying Person Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_ SS# last 4: \_\_\_\_\_\_\_**

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