



## NEW MEXICO APPLICATION FORM - LIFELINE ASSISTANCE PROGRAM

### Please Read All Instructions Before Completing

**Please fill in all information as completely as possible. The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance.**

|  |                        |               |
|--|------------------------|---------------|
| Telephone Number or existing Account #   | First Name             | Name          |
| Address  |                        | City          |
|  |                        | State         |
| Zip Code   | Social Security Number | Date of Birth |
| Number of People in Household (required when qualifying under income criteria) |                        |               |

**PLEASE CHECK programs in which you currently participate:**

|  |   |
|--|---|
| <input type="checkbox"/> Federal Public Housing/Section 8                                      | <input type="checkbox"/> Supplemental Security Income (SSI)   |
| <input type="checkbox"/> Medicaid  | <input type="checkbox"/> National School Lunch (Free Program)   |
| <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)                    | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)   |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) Formerly Food Stamps | <input type="checkbox"/> Household Income at or below 150% of the Federal Poverty Level (must provide documentation – see reverse side) |

**PLEASE READ AND SIGN THE FOLLOWING:**

By signing below, I certify under penalty of perjury that 1) the information contained within this application is true and correct; 2) the telephone service for which I am applying for the Lifeline discount is listed in my name; 3) the address listed is my primary place of residence, not a second home or a business; 4) I understand and agree that only one Lifeline discount is allowed per household. I can only receive Lifeline discounts from one Telecommunication Provider, and only on one telephone line. I may not receive Lifeline discounts on both a wireline phone and a wireless phone. I understand that receiving Lifeline discounts on more than one telephone line is a violation of federal law and may result in penalties that include losing all of my Lifeline discounts; and 5) the number of people residing in my household as stated above (when qualifying under income criteria) is true and correct.

I agree to notify CenturyLink when I no longer participate in any of the above qualifying public assistance programs or when there has been a change in the size or income level of my household. I certify under penalty of perjury the above information and attached documentation are true and that I and no one else is receiving lifeline benefits at this address, on either a telephone or wireless telephone account.

I authorize CenturyLink or its duly appointed representative to access any records required to verify my statements herein and to confirm my eligibility for Lifeline assistance. I also authorize social service agency representatives to discuss with and/or provide information to CenturyLink verifying my participation in benefit programs that qualify me for Lifeline assistance. I understand that completion of this application does not constitute immediate approval for Lifeline assistance. I understand that qualifying for Lifeline assistance may not waive deposit requirements for local telephone service.

By signing below, I acknowledge that providing fraudulent documentation in order to receive assistance is punishable by law.

\_\_\_\_\_

Account Holder Signature

\_\_\_\_\_

Date

**Please mail this completed application and any supporting documents to (Original Documents are not returned):**

CenturyLink Data Services    Or    Fax to 1-866-810-7530  
 555 Lake Border Drive  
 Apopka, FL 32703



| Please check Box         | Number of people living in home | Household Income: (at or below) | Please check Box                          | Number of people living in home | Household Income: (at or below) |
|--------------------------|---------------------------------|---------------------------------|---|---------------------------------|---------------------------------|
| <input type="checkbox"/> | 1                               | \$16,755                        | <input type="checkbox"/>                  | 6                               | \$46,455                        |
| <input type="checkbox"/> | 2                               | \$22,695                        | <input type="checkbox"/>                  | 7                               | \$52,395                        |
| <input type="checkbox"/> | 3                               | \$28,635                        | <input type="checkbox"/>                  | 8                               | \$58,335                        |
| <input type="checkbox"/> | 4                               | \$34,575                        | <input type="checkbox"/>                  | No. _____                       | \$ _____                        |
| <input type="checkbox"/> | 5                               | \$40,515                        | * For each additional person, add \$5,940 |                                 |                                 |

**Application Checklist – Please provide the following:**

1. Signed and completed Lifeline application.
2. Provide a copy of one of the follow if applying based on the size and income level of customer's household:
  - Last year's Federal or State Income Tax Return
  - Current Annual Income Statement from Employer
  - Paycheck Stubs for most recent three consecutive months
  - Social Security Statement of Benefits
  - Veteran's Administration Statement of Benefits
  - Retirement or Pension Statement of Benefits
  - Unemployment or Worker's Compensation Statement of Benefits
  - Letter of Participation in General Assistance
  - Divorce Decree or Child Support Documentation

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