

NEW MEXICO APPLICATION – STATE TELEPHONE ASSISTANCE PLAN

Please Read All Instructions Before Completing

Please use the National Verifier Lifeline application if you'd like to receive the Federal Lifeline discount. This application is for the State Telephone Assistance Plan (TAP) discount.

Please respond completely. Inaccurate or incomplete responses may cause your application to be rejected. The information on this application will only be used to assess your eligibility for TAP. Information provided below should be that of the account holder.

Telephone Number or Existing Account #	First Name (No Initials)	Last Name
Address Where Service Is Located (No PO Boxes)		City
		State
Check here if this is a temporary address <input type="checkbox"/>	Zip Code	
Check here if you participate in the Address Confidentiality Program <input type="checkbox"/>	Billing Address, City, State & Zip Code (If different from Service Address) (PO Boxes Allowed)	
Last 4 Digits of Social Security Number OR Tribal Identification Number		Date of Birth
SSN:	Tribal:	

PLEASE CHECK programs in which you or your household currently participate and attach a copy of eligibility documentation. (If qualifying under Income, see Income Guidelines below.)

<input type="checkbox"/> Federal Public Housing Assistance (FPHA) or Section 8	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) Formerly Known as Food Stamps	<input type="checkbox"/> Medicaid
<input type="checkbox"/> National School Lunch Program's Free Lunch Program	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)	

If you are applying for TAP because a member of your household besides you participates in one of these programs, provide his/her name and certify that he/she is a member of your household here:

Name of Program Participant (please print)

_____ (Please Initial) I certify that this program participant is a member of my household.

INCOME GUIDELINES: Documentation required If you do not participate in any of the programs above, you may still be eligible for TAP if your annual household income is at or below the amounts shown below depending on the size of your household. PLEASE CHECK the corresponding box if you are eligible on this income basis. Please indicate the number of household members if more than 5.

Number in Household	STATE DISCOUNT PROVIDED FOR YEARLY GROSS INCOMES THAT ARE AT OR BELOW THE AMOUNTS LISTED, WHICH ARE:
	150% of Federal Poverty Level
1	<input type="checkbox"/> \$ 19,320
2	<input type="checkbox"/> \$ 26,130
3	<input type="checkbox"/> \$ 32,940
4	<input type="checkbox"/> \$ 39,750
5	<input type="checkbox"/> \$ 46,560
6	<input type="checkbox"/> \$ 53,370
7	<input type="checkbox"/> \$ 60,180
8	<input type="checkbox"/> \$66,990
For each additional household member add	\$ 6,810
	Actual Yearly Income: \$ _____

A household is defined as a group of individuals who live together, at the same address, and share income and expenses. For example, apartments in an apartment building are usually unique households. Individuals living in a nursing home can be considered unique households. Answer the questions below to determine if there is more than one household living at your address. Providing false information on this form may result in losing your TAP service and/or criminal penalties.

1. Does another adult (age 18 or older or emancipated minor) live with you AND have a TAP-discounted service? For example, husband, wife, domestic partner, parent, son, daughter, another relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.), a roommate, or another person.

_____ **No.** You are **ELIGIBLE** for TAP because no one in your household has TAP. **Please SIGN below** to certify that this is true.

_____ **Yes.** Please answer question 2 below.

2. Do you share expenses for bills, food, or other living expenses AND share income (salary, public assistance benefits, social security payments or other income) with the person in question #1 that has a TAP-discounted service?

_____ **No.** You are **ELIGIBLE** for TAP because no one in your household has TAP. **Please SIGN below** to certify that this is true.

_____ **Yes.** **STOP.** Do not sign the form. You are **NOT ELIGIBLE** because someone in your household already has TAP.

I certify that the information provided above is true and that no one in my household already has TAP. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my TAP benefits, and may be prosecuted by the United States government for violating the rules.

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION ABOUT THE TAP PROGRAM BEFORE YOU SIGN BELOW:

- TAP is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one TAP service is available per household. A household is defined for the purposes of the TAP program as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive TAP assistance from multiple service providers. This includes both wireless and wireline providers.
- I understand that if I am currently receiving TAP benefits from another carrier, by submitting this form I am agreeing to discontinue receiving that other carrier's benefit and instead to receive my one TAP benefit from CenturyLink.
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.
- TAP is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

EACH OF THE FOLLOWING CERTIFICATIONS MUST BE INITIALED IN ORDER TO RECEIVE TAP. FAILURE TO INITIAL ANY OF THE CERTIFICATIONS BELOW WILL RESULT IN REJECTION OF YOUR APPLICATION FORM.

INITIAL EACH BOX

I certify, under penalty of perjury, that:

- I understand and consent to CenturyLink providing my TAP service information, including but not limited to, my name, residential address, phone number, date of birth; the last 4 digits of my social security number; the date on which my TAP service was initiated/terminated, and the means through which I qualified for TAP, to state agencies involved in TAP to ensure the proper administration of the TAP program. I understand that if I fail to provide this consent, **I will not be able to receive TAP support on my CenturyLink account.**
- My household meets the program-based or income-based eligibility criteria indicated above.
- I must notify CenturyLink within 30 days if for any reason my household no longer satisfies the criteria for receiving TAP assistance. This includes if I no longer meet the income-based or program-based criteria for receiving TAP support, if I am receiving more than one TAP benefit, if another member of my household is receiving a TAP benefit, or for any other reason, my household no longer satisfies the criteria for receiving TAP support. Failure to notify CenturyLink may result in penalties and deenrollment from the program.
- I must notify CenturyLink within 30 days if I move to a new address.
- Only one TAP service benefit is available per household. To the best of my knowledge, my household is not already receiving a TAP service.
- I understand that my CenturyLink TAP service is not transferrable. I may not transfer my service to any individual, including another eligible low-income consumer.
- I understand that providing false or fraudulent information to receive TAP assistance is punishable by law.
- I understand that I may be required to re-certify my household's eligibility for TAP assistance at any time, and if I fail to re-certify as to my continued eligibility, it will result in de-enrollment and the termination of my household's TAP assistance.
- The information contained in this form is true and correct to the best of my knowledge.
- Once I sign up for discounts with one provider, I cannot receive TAP benefits from another provider for a period. I understand that if I purchase only voice services that qualify for TAP discounts I cannot move my benefits to another provider for 60 days. If I have broadband products that qualify for TAP discounts, I cannot move my benefits to another provider for 12 months.

Signature _____ Date _____

TAP Assistance Applicant Signature (Must be the CenturyLink account holder listed at the top of page one)

Please mail this completed application and any supporting documents to (Original Documents are not returned):
CenturyLink or Fax to 866-810-7530
555 Lake Border Dr. Customer Service: 800-201-4099
Apopka, FL 32703 Email: e-Records@centurylink.com

Application Checklist – Please provide the following:

1. Signed and completed TAP application form. Applicant name must be Account Holder name.
2. If applying based on program eligibility, a copy of a program award letter or government agency document containing your name, your address, the program name and the **effective date of the award**.
3. If applying based on the size and income level of customer's household, provide a copy of one of the following:
 - Last year's Federal or State Income Tax Return
 - Current Annual Income Statement from Employer
 - Paycheck stubs or other official document containing income information for any three consecutive months within the last twelve 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 containing income information
 - Bank Statement is not valid proof of income.