

## NEW MEXICO TELEPHONE ASSISTANCE PROGRAM (TAP)

Please Read All Instructions Before Completing

**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 the Telephone Assistance Program. 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	Zip Code
Billing Address, City, State & Zip Code (If different from Service Address) (PO Boxes Allowed)		

**PLEASE** check the program(s) you participate in 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"/> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> National School Lunch Program's Free Lunch program
<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)	

**INCOME GUIDELINES: Documentation required** If you do not participate in any of the programs above, you may still be eligible for the Telephone Assistance Program 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 8.

Number in Household	Place a checkmark in the row that identifies the number in your household	YEARLY GROSS INCOMES THAT ARE AT OR BELOW THE AMOUNTS LISTED, WHICH ARE:
		<b>150% of Federal Poverty Level</b>
1		\$18,210
2		\$24,690
3		\$31,170
4		\$37,650
5		\$44,130
6		\$50,610
7		\$57,090
8		\$63,570
For each additional household member add		\$6,480
		Actual Yearly Income:
		\$ _____

**PLEASE READ THE FOLLOWING IMPORTANT INFORMATION ABOUT THE TELEPHONE ASSISTANCE PROGRAM (TAP) BEFORE YOU SIGN BELOW:**

- TAP is a state 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.
- Violation of the one-per-household limitation constitutes a violation of the State's rural universal service fund rules and will result in the subscriber's de-enrollment from the program.
- 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 THE TELEPHONE ASSISTANCE PROGRAM DISCOUNT. FAILURE TO INITIAL ANY OF THE CERTIFICATIONS BELOW WILL RESULT IN REJECTION OF YOUR APPLICATION FORM.**

**I certify, under penalty of perjury, that:**

**INITIAL EACH BOX**

- I understand and consent to CenturyLink providing my TAP service information, including but not limited to, my name, residential address, phone number, the date on which my TAP service was initiated/terminated, and the means through which I qualified for TAP, to the 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.

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

**TAP 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**  
**P. O. Box 2738**  
**Omaha, NE 68103-2738**

**Customer Service: Former Qwest: (888) 833-9522**  
**Former CenturyTel/Embarq: (855) 954-6546**  
**Fax: (402) 998-7341 email: [TAPCenter@CenturyLink.com](mailto:TAPCenter@CenturyLink.com)**