



## 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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