

KIT CARSON ELECTRIC MEMBERS HELPING MEMBERS PROGRAM

PO Box 578, Taos, NM 87571  
(575) 758-2258 or 800-688-6780

**Application for Assistance**

Household Members: (Self, Spouse, and/or children)

	Last Name	First	Relationship	Monthly Income
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Address: \_\_\_\_\_

Physical Address	Mailing Address
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\_\_\_\_\_

City	State	Zip
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Phone: \_\_\_\_\_

Home	Work
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Applicant's Employer(s)

Employer	Supervisor
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\_\_\_\_\_

Address	Phone Number
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The following items MUST be provided for Members Helping Members Program.

1. Picture ID
2. Name of each person living in the home.
3. Birth date of each person living in the home.
4. Social Security Number of each person living in the home.
5. Resident Alien cards for each non-citizen resident.
6. Proof of all income received by all household members.
7. Utility services account summary for the last 12 months.

The information contained in this statement is for the purpose of obtaining assistance from Kit Carson Electric's Members Helping Members Program on behalf of the undersigned. Any and all information received by Kit Carson Electric Members Helping Members Program during the application process is strictly confidential. Each undersigned understands that the information provided herein is used in deciding to grant assistance, and each undersigned represents and warrants that the information provided is true and complete and that the Kit Carson Electric Members Helping Members Program may consider this statement as continuing to be true and correct until a written notice of a change is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

\_\_\_\_\_  
Signature of Applicant/Recipient

\_\_\_\_\_  
Date

Approved By: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_