

Kit Carson Electric Members Helping Members Program  
Application for Assistance  
P.O. Box 578 Taos, NM 87571  
575-758-2258 or 1-800-688-6780

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

Last and First Name	Relationship	Monthly Income	DOB:	Social Security #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Contact Phone Number: \_\_\_\_\_

Applicant's Employer Information: \_\_\_\_\_  
Name of Employer Supervisor Phone Number

The following items MUST be provided for Members Helping Members Program.

- 1. Picture ID
- 2. Name, Birth Date, Social Security Number and Proof of Income for ALL members of the household.
- 3. Resident Alien Cards for each non-citizen resident.

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: \_\_\_\_\_ Date: \_\_\_\_\_