



AFFIDAVIT OF QUALIFYING INCOME AND NEW MEXICO RESIDENCY

TO: VC SNAP (Valencia County Spay and Neuter Assistance Partnership)

I, _____, affirm that I am a New Mexico resident.

Insert full name

I reside at _____.

Insert street address, town, state and zip code

I am providing a copy of my proof of residency (current utility bill, bank statement, etc.)

Additionally, I affirm that my household income does not exceed 200% of the current federal poverty level guidelines as stated below by circling number of persons in your family/household and poverty guideline closest to your household income:

Federal Poverty Guidelines 2021		
Person in Family/Household	Poverty Guideline	200% of Poverty Guideline
1	\$12,880	\$25,760
2	\$17,420	\$34,840
3	\$21,960	\$43,920
4	\$26,500	\$53,000
5	\$31,040	\$62,080
6	\$35,580	\$71,160
7	\$40,120	\$80,240
8	\$44,600	\$89,200

Signature: _____ Date: _____

Printed Name: _____

NM Driver's License #: _____

Phone Number: _____

Witness' Signature: _____

Witness' Printed Name: _____