



**HSLC SPOT PROGRAM**

- 🐾 Must be a resident of Lincoln County**
- 🐾 Must meet income level**
- 🐾 Animal MUST be up to date on Rabies and DHPP/FDVCR Vaccines. If needed, vaccines can be purchased at Veterinarians Clinic at Owners expense.**

Co-pay of \$45 per animal and a maximum of 2 animals per year

Name: \_\_\_\_\_ Number of Adults in Household: \_\_\_\_\_  
 Address: \_\_\_\_\_ Number of Children in Household: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please provide one of the following:**

EBT Card \_\_\_\_\_

Medicaid Card \_\_\_\_\_

**Household Income one of the following is needed:**

SSA or 2 Paycheck Stub \_\_\_\_\_

W2 for previous year \_\_\_\_\_

This table shows the guidelines we follow for determining eligibility.

<b>GROSS INCOME LIMITS NEW MEXICO (July 1, 2024 – June 30, 2025)</b>					
Household Size	Annual	Monthly	Twice per Month	Every 2 Weeks	Weekly
1	30,120	2,510	1,255	1,158	628
2	40,896	3,408	1,704	1,572	852
3	51,648	4,304	2,152	1,986	1,076
4	62,400	5,200	2,600	2,400	1,300
5	65,016	5,418	2,709	2,501	1,355
6	73,176	6,098	3,049	2,814	1,525
7	94,680	7,890	3,945	3,642	1,973
8	105,456	8,788	4,394	4,056	2,197

I certify that the total gross income for my household is at or below the income I have circled or that my household is automatically eligible based on the programs I checked above.

Signature: \_\_\_\_\_

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