

Minnesota Telephone Service Discount Application Lifeline and Telephone Assistance Program 2012

The following section must be filled out completely or your application will be returned and benefits will be delayed

Social Security (*last 4 digits*)
or Tribal Id Number : _____

Your Name: _____
Street: _____
City: _____
State: MN Zip: _____

Birthdate

| | | |
|----------------------|----------------------|----------------------|
| Month | Day | Year |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Address is: permanent temporary
More than one family lives at this address

Billing Address (*if different than mailing*): Street or P.O. Box: _____

City: _____ State: _____ Zip: _____

Telephone Company: _____

Telephone number if you currently have service:

Area Code

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Number of people living in your household: _____

Telephone number where you can be reached:

Area Code

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

① I receive benefits from the following program(s): *Check all that apply and attach proof*

- | | |
|---|---|
| <input type="checkbox"/> Medicaid/ Medical Assistance | <input type="checkbox"/> Supplemental Nutrition Assistance Program/ Food Stamps (SNAP) |
| <input type="checkbox"/> Federal Public Housing or Section 8 Assistance | <input type="checkbox"/> Minnesota Family Investment Program (MFIP) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> National School Free Lunch Program | <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> Bureau of Indian Affairs General Assistance | <input type="checkbox"/> Tribally Administered Head Start (for those meeting income qualifying standards) |
| <input type="checkbox"/> Tribally Administered Temporary Assistance for Needy Families (TANF) | |

② I do not receive benefits from the programs above but my income is at or below 135% of the Federal Poverty Guideline. *Please attach one of the documents below if you did not check any boxes above.*

- | | |
|---|--|
| ▪ Last year's State, Federal or Tribal Tax Return | ▪ Divorce Decree |
| ▪ Current annual income statement from employer | ▪ Retirement/Pension Benefits Statement |
| ▪ 3 consecutive months of most recent paycheck stub | ▪ Veterans Administration Benefits Statement |
| ▪ Social Security Benefits Statement | ▪ Child Support Document |
| | ▪ Unemployment/ Workmen's Compensation Statement |
| | ▪ Other |

Turn over to complete application

③ Certification of Eligibility

By signing below, I certify under penalty of perjury that I understand and agree to all of the following:

- I participate in a qualifying federal program or meet the income qualification.
- I have provided documentation of eligibility.
- I acknowledge that Lifeline is a federal benefit and that it is non-transferable.
- I acknowledge that a household is eligible to receive only one Lifeline service and to the best of my knowledge, my household is not already receiving a Lifeline service. A household is defined for Lifeline purposes as any group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers and violation would result in de-enrollment and potential prosecution by the United States government.
- The information contained in this certification form is true and correct to the best of my knowledge. I understand that providing false information can be punished by fine or imprisonment or removal from the program.
- I will inform the company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline support. Failure to notify the company may result in penalties.
- If I move to a new address, I will provide that new address to the company within 30 days.
- If I provided a temporary address, I will verify with my telephone provider the temporary residential address every 90 days.
- I may be required to re-certify continued eligibility at any time and failure to do so will result in removal from the program.

Applicant Signature

Date

- I am an "Authorized Representative" for this applicant and am submitting this form on behalf of this customer. I am willing to assist this applicant in seeking telephone service discounts.

Print "Authorized Representative" Name

Area Code

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Daytime Phone Number

Date

- **Complete Application**
- **Attach Proof of Income or Program Participation**
- **Mail Application and Income Documents to Your Local Telephone Company**