

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

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Address is: permanent temporary
More than one family lives at this address
I certify that I live on Tribal lands

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

City: _____ State: _____ Zip: _____

Telephone Company: _____

Number of people living in your household: _____

Telephone number if you currently have service:

Telephone number where you can be reached:

Area Code

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Area Code

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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) | <input type="checkbox"/> Food Distribution Program on Indian Reservation (FDPIR) |

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

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

③ Certification of Eligibility and Information Release

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.

I consent to have my name, telephone number, and address provided to the Universal Service Administrative Company (USAC) and/or its agents, and to any state and federal agency, for the purpose of verifying that I qualify for the Lifeline program and that I do not receive more than one Lifeline benefit.

Applicant Signature (required)

Date

I designate below the name and telephone number of an “Authorized Representative” for this application who has submitted this form on my behalf and is willing to assist me in seeking telephone service discounts.

Print “Authorized Representative” Name

Area Code

Daytime Phone Number

Date

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

2012 Federal Poverty Guidelines – 135%

Household Size	Yearly Income (at or below)
1	\$15,080
2	\$20,426
3	\$25,772
4	\$31,118
5	\$36,464
6	\$41,810
7	\$47,156
8	\$52,502
For each additional person, add	\$5,346

[Source](#): Federal Register, Vol. 77, No. 13, January 26, 2012, pp. 4034-4035
The Federal Poverty Guidelines are typically updated in the end of January.