

LIFELINE / LINKUP ASSISTANCE APPLICATION
Certification Form-Minnesota

Office Use Only	
Application ID	_____
Company Name	_____
Company Code	_____

Please verify your eligibility:

1. Complete Section A Personal Information
2. Complete Section B **OR** Section C (on reverse side)
3. **Initial, sign** and date the form in **Section D on the reverse side**
4. **Attach copy of most recent telephone bill and documents to support your eligibility**

A. PERSONAL INFORMATION

The person below **MUST BE** the same person listed on the telephone bill. Please remember to complete Section D on **reverse** side.

Name _____
Billing Address _____
City _____ State _____ Zip _____

Customer Telephone Number _____
Service Address _____
City _____ State _____ Zip _____

Date of Birth: Month _____ Day _____ Year _____
(Required) mm dd yyyy

Check if service address is temporary

Check if service address is multi-household

Full SSN: _____ - _____ - _____ **OR** **Tribal ID No.** _____
(Required)

B. PROGRAM-BASED ELIGIBILITY

Check all program(s) in which you or a household member is currently enrolled. **You must provide proof of program participation.** This could include a copy of your benefit ID card, a copy of an eligibility letter from an authorized agency or prior year's statement of benefits. (Do not send original documents.)

<input type="checkbox"/> Food Stamps/SNAP	<input type="checkbox"/> I am an individual living on tribal land (any federally recognized Indian Tribe's reservation, Pueblo, or Colony, and Indian allotments)
<input type="checkbox"/> Medicaid	
<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)	If you checked the above box, please also indicate if you participate in any of the following programs:
<input type="checkbox"/> National School Lunch Program's Free Lunch Program	<input type="checkbox"/> Tribal Head Start (those meeting the income qualifying standard)
<input type="checkbox"/> Federal Public Housing Assistance (FPHA)	<input type="checkbox"/> Bureau of Indian Affairs (BIA) General Assistance programs
<input type="checkbox"/> Low-Income Energy Assistance Program (LIHEAP)	<input type="checkbox"/> Tribally administered Temporary Assistance to Needy Families (TTANF)
<input type="checkbox"/> Supplemental Security Income (SSI) (Not the same as Social Security Benefits)	<input type="checkbox"/> Tribal National School Lunch Program's Free Lunch Program
<input type="checkbox"/> Minnesota Family Investment Program (MFIP) (Documentation will NOT be returned)	<input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR)

**PLEASE SEE OTHER SIDE FOR
INCOME-BASED ELIGIBILITY METHOD
SECTION
AND
SIGNATURE SECTION (REQUIRED!)**



C. INCOME-BASED ELIGIBILITY

Calculate **TOTAL** household income by reporting the income of all adult persons residing in your home in the appropriate category:

Income Source	Amount	Household Size	Yearly Income
Prior year's State, Federal or Tribal tax return OR		You must	@ 135 % of Federal
Social Security; Retirement income		Circle One	Poverty Guidelines
Alimony or Child Support		1	\$15,080
Wages		2	\$20,426
Bureau of Indian Affairs General Assistance		3	\$25,772
Unemployment; Worker's Compensation		4	\$31,118
If you have more than 4 people in your household, write the number and add \$5,346 for each additional person.		_____	

You must attach proof of income as reported above, examples include:

- Prior year's State, Federal or Tribal tax return **OR**
Most recent statement from each type of current income source(s) noted above:
- **Three consecutive months' worth** of your most recent paycheck stub(s) from all employers
- Social Security statement of benefits
- Veterans Administration statement of benefits
- Retirement/Pension statement of benefits
- Unemployment/Workmen's Compensation statement of benefits
- Child Support documentation
- Federal or Tribal notice letter of participation in Bureau of Indian Affairs General Assistance **OR**
- Divorce Decree

(Documentation will NOT be returned)

D. SIGNATURE (This section must be filled out completely)

Please **read** the following statements, **initial** by each certification, and **sign** below. [Disclosure Statement: Perjury and false statements are punishable by fine and/or imprisonment under Title 18 of the U.S. Code.]

By signing below, I certify under penalty of perjury, to each and every one of the following:

- ____ 1. The information contained within this application is true and correct. I am the head of my household and I acknowledge that providing false or fraudulent documentation in order to receive assistance is punishable by law.
- ____ 2. I understand that the information I provide is subject to audit and verification.
- ____ 3. I understand that I am not permitted to receive more than one (1) Lifeline subsidy per household, whether landline or wireless.
- ____ 4. I will notify my carrier immediately if I no longer qualify for Lifeline, or if I have a question as to whether I would still qualify.

X _____
Customer Signature

Date

X _____
Printed Name

**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
 [][] [][] [][][][]
 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
 [][][] [][][] [][][][]

Number of people living in your household: _____
 Telephone number where you can be reached:
Area Code
 [][][] [][][] [][][][]

- ① I receive benefits from the following program(s): *Check all that apply and attach proof*
- Medicaid/ Medical Assistance
 - Federal Public Housing or Section 8 Assistance
 - Supplemental Security Income (SSI)
 - National School Free Lunch Program
 - Bureau of Indian Affairs General Assistance
 - Tribally Administered Temporary Assistance for Needy Families (TANF)
 - Supplemental Nutrition Assistance Program/ Food Stamps (SNAP)
 - Minnesota Family Investment Program (MFIP)
 - Temporary Assistance for Needy Families (TANF)
 - Low-Income Home Energy Assistance Program (LIHEAP)
 - Tribally Administered Head Start (for those meeting income qualifying standards)

- 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
 - Current annual income statement from employer
 - 3 consecutive months of most recent paycheck stub
 - Social Security Benefits Statement
 - Divorce Decree
 - Retirement/Pension Benefits Statement
 - Veterans Administration 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**