

# Minnesota Telephone Service Discount Application

Use this application to apply for Link-Up, Lifeline & TAP

(Please Print)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State: MN Zip \_\_\_\_\_

**Check Box** that best describes where you live:  I live on a reservation  I do not live on a reservation

Tel. # if you have service (MUST be in your name) Tel. # where you can be reached:

(\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_

**Area code + seven digit number**

**area code + seven digit number**

Telephone Company \_\_\_\_\_ No. of people living in your household \_\_\_\_\_

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

- |   |  |
|---|--|
| <input type="checkbox"/> Medicaid/Medical Assistance  | <input type="checkbox"/> Food Support (food stamps)  |
| <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"/> Low-Income Home Energy Assistance Program (LIEAP)                               |
| <input type="checkbox"/> National School Free Lunch Program                                   | <input type="checkbox"/> Temporary Assistance for Needy Families   |
| <input type="checkbox"/> Bureau of Indian Affairs General Assistance                          | <input type="checkbox"/> Tribally Administered Head Start (for those meeting income qualifying standard) |
| <input type="checkbox"/> Tribally administered Temporary Assistance For Needy Families (TANF) |  |

**2. I do not receive benefits from any of the programs listed above BUT my income is at or below 135% of Federal Poverty Guideline. *Please attach one of the documents below if you did not check any boxes in #1.***

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

**I agree to notify the telephone company when I no longer participate in any of the above qualifying programs or my income rises above 135% of the Federal Poverty Guideline. I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet one of the criteria above to receive telephone service discounts on my home telephone line.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**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**

(\_\_\_\_\_) \_\_\_\_\_  
**Daytime Phone Number**

\_\_\_\_\_  
**Date**

**Complete Application ♦ ♦ Attach Proof of Income Documents**  
**Mail Application & Income Documents to Your Local Telephone Company**