

Minnesota Telephone Service Discount Application Lifeline and Telephone Assistance Program

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

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 mailing*): 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

<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Area Code

<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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① I receive benefits from the following program(s): Check all that apply and attach proof

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|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Medicaid/ Medical Assistance <input type="checkbox"/> Federal Public Housing Assistance (Section 8) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> National School Free Lunch Program <input type="checkbox"/> Bureau of Indian Affairs General Assistance <input type="checkbox"/> Tribally-Administered Temporary Assistance for Needy Families (TANF) | <ul style="list-style-type: none"> <input type="checkbox"/> Food Support/ Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Minnesota Family Investment Program (MFIP) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) <input type="checkbox"/> Tribally Administered Head Start (for those meeting income qualifying standards) <input type="checkbox"/> Food Distribution Program on Indian Reservation (FDPIR) |
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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.

- | | |
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| <ul style="list-style-type: none"> ▪ 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 | <ul style="list-style-type: none"> ▪ Divorce Decree ▪ Retirement/Pension Benefits Statement ▪ Veterans Administration Benefits Statement ▪ Child Support Document ▪ Unemployment/ Worker's Compensation Statement ▪ Other |
|---|---|

Turn over to complete application

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

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

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Date

Daytime Phone Number

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