MINNESOTA
PUBLIC UTILITIES COMMISSION

Telephone Assistant Plan (TAP) Application

All personal information is kept confidential. If your application is illegible or incomplete, your discounts will be delayed.

Step 1: Fill out information about the applicant.

Name: _____

Last Four Digits of Social Security Number OR Tribal ID Number: _____ Birthdate (MM/DD/YYYY): ___/___/_____

Mailing Address: _____ City: _____ State: MN Zip code: _____

This is a temporary address. YES ☐ NO ☐ More than one family lives here. YES ☐ NO ☐

Billing Address (if different): _____ City: _____ State: ___ Zip code: _____

Telephone number where you can be reached: (_____) _____ - _____

Telephone company where you want discount: _____

Telephone account number if you have service now: _____

Step 2: Fill out either Eligibility Option 1 OR Eligibility Option 2

Option 1: Program Eligibility

Check the program you or a member of your household participate in and attach documentation.

☐ Federal Public Housing Assistance (FPHA)
☐ Medicaid/Medical Assistance (MA)
☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Supplemental Security Income (SSI)
☐ Veterans Pension and Survivors Benefit programs

Check the Tribal program you or a member of your household participate in and attach documentation.

☐ Bureau of Indian Affairs General Assistance
☐ Food Distribution Program on Indian Reservations (FDPIR)
☐ Tribally Administered Head Start (for those meeting income-qualifying standards)
☐ Tribally Administered Temporary Assistance for Needy Families (TTANF)

I live on tribal lands. YES ☐ NO ☐

Name of program participant: _____

The program participant is a member of my household. YES ☐ NO ☐

Option 2: Income Eligibility

I do not participate in any of the programs listed in Eligibility Option 1. Instead, my gross yearly income is at or below 135% of the Federal Poverty Guidelines. **Check** whichever option best matches your household.

☐ 1-person household with income at or below $21,128
☐ 2-person household with income at or below $28,553
☐ 3-person household with income at or below $35,978
☐ 4-person household with income at or below $43,403
☐ 5-person household with income at or below $50,828
☐ 6-person household with income at or below $58,253
☐ For each additional person, add $7,425

Attach one of the documents below.

- Child support award/Divorce decree
- Current pay stubs or other official documentation of income for the last three months
- Last year's State, Federal, or Tribal tax return
- Retirement/Pension benefits statement
- Unemployment/Workers compensation statement
- Veterans Administration benefits statement

How many people are living in my household? _____

☐ I certify the number of people living in the household to be true.

☐ I certify I have presented all income for all members of my household and myself.

Initial each certification.

Step 3: You must initial each certification and sign this application.

I understand TAP is a state discount and is non-transferable.
Initial here: [Initial here]

I meet the income-based or program-based eligibility criteria for receiving TAP.
Initial here: [Initial here]

I will notify the service provider within 30 days if I no longer qualify for TAP, including: if I no longer meet the income-based or program-based support; if I am receiving more than one TAP benefit; and if another member of my household is receiving a benefit. A household is defined as any group of individuals who live together at the same
Initial here: [Initial here]

I will provide the new address to my service provider within 30 days if I move.
Initial here: [Initial here]

My household can only receive one TAP benefit, and my household is not already receiving a TAP benefit. A household is defined as any group of individuals who live together at the same address and share income
Initial here: [Initial here]

The information contained in my certification form is true and correct to the best of knowledge.
Initial here: [Initial here]

I acknowledge that providing any false or fraudulent information to receive TAP benefits is punishable by law.
Initial here: [Initial here]

I may be required to recertify my continued eligibility for TAP at any time, and my failure to certify as to my continued eligibility will result in de-enrollment and the termination of my TAP benefits.
Initial here: [Initial here]

I certify that I am seeking to qualify for TAP as an eligible resident of tribal lands and live on tribal lands.

If seeking to qualify as an eligible resident of tribal lands, initial here: [Initial here]

Step 4: You must sign this declaration under penalty of perjury.

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

- The information contained in this form is true and correct to the best of my knowledge.
- I will inform the company within 30 days if I no longer satisfy the criteria for receiving the discount.
- If I move to a new address, I will provide the company with that address within 30 days.

I do not receive more than one discount.

Applicant Signature **(Required)**: _____ Date: _____

(Optional) If you designate an Authorized Representative for this application, this person must fill in this section to say they completed this form on your behalf and is willing to assist you in seeking telephone service discounts.

Print Authorized Representative Name: _____

Authorized Representative Signature: _____

Authorized Representative's Phone Number: (_____) _____ - _____ Date: _____

Questions? Please contact your telephone or broadband company.

- ✓ **Complete** application.
- ✓ **Attach** program participation or proof of income.
- ✓ **Contact** a company where you want the discount before submitting application for the proper mailing address.
- ✓ **Mail** application and income documents to your telephone company.
- ✓ The Minnesota Public Utilities Commission (MPUC) regulates the TAP program. If you have an issue with your telephone or broadband company, contact the MPUC at 651.296.0406 or 1.800.657.3782.