

# Link-up and Lifeline Assistance Application

(Please print)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone number where you may be reached or receive messages: \_\_\_\_\_  
Please answer the following questions (indicate by check mark):

1. By filling out this application I (the applicant) request:

\_\_\_\_\_ Low-income telephone connection assistance (Link-Up) and/or

\_\_\_\_\_ Low-income monthly telephone bill assistance (Lifeline)

2. Have you received telephone connection (Link-Up) assistance at the above address?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

*If the answer is "yes" you are not eligible to receive telephone connection (Link-Up) assistance.*

3. Are you currently participating in any of the following programs:

\_\_\_\_\_ Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance)

\_\_\_\_\_ Food Stamps

\_\_\_\_\_ Supplemental Security Income (SS I)

\_\_\_\_\_ Federal Public Housing Assistance

\_\_\_\_\_ Low-Income Home Energy Assistance Program (LIHEAP)

\_\_\_\_\_ Temporary Assistance for Needy Families (TANF)

\_\_\_\_\_ National School Lunch (NSL) program

4. Is your current income is at or below 135% of the federal poverty guidelines (FPG)? \_\_\_ Yes \_\_\_ No

For information on the FGP go to: <http://aspe.hhs.gov/poverty/05poverty.shtml>

*See reverse for a list of acceptable verification documents, and important information on self-certification.*

I understand completion of this application does not constitute immediate acceptance into this program. I agree to notify my telecommunications provider if I cease to participate in any of the public assistance programs I checked above, or if my income becomes greater than 135 percent of the Federal Poverty Guidelines.

I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive assistance through these programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Prompt return of this application to your local telephone provider will ensure proper credits to your account.**

**Low-Income Telephone Assistance Application**  
(Eligibility Verification and Self-Certification)

**2008 HHS Poverty Guidelines**

<b>Persons in Family or Household</b>	<b>48 Contiguous States and D.C.</b>	<b>135%</b>
1	\$10,400	\$14,040
2	14,000	18,900
3	17,600	23,760
4	21,200	28,260
5	24,800	33,480
6	28,400	38,340
7	32,000	43,200
8	35,600	48,060
For each additional person, add	3,600	4,860

**SOURCE:** *Federal Register*, Vol. 73, No. 15, January 23, 2008, pp. 3971–3972

When an individual self-certifies his/her income eligibility, certification of income-based eligibility must be accompanied by supporting documentation. The following documents will be acceptable verification for income-based qualification: prior year's state, federal or tribal tax return, current income statement from an employer or paycheck stub, Social Security statement of benefits, Veterans Administration statement of benefits, retirement/pension statement of benefits, Unemployment/Workmen's Compensation statement of benefits, Federal/Tribal notice letter of participation in Bureau of Indian Affairs General Assistance, divorce decree, or child support document.

If the consumer chooses to offer any document other than a previous year's state, federal or tribal income tax return as evidence of income, then the consumer must present three consecutive months worth of the same type of statements within that calendar year.

Also, all consumers qualifying under an income-based criterion must self-certify their eligibility to participate. Consumers must make this self-certification under penalty of perjury and must also present all required documentation that accurately represents their annual household income.

To verify consumers' continued eligibility under the program-based and the income-based eligibility criteria, consumers must self-certify annually.