Minnesota Telephone Service

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

Telephone Number if you have service (MUST be in your name): (_____) - _____
area code + (7-digit number)

Telephone Number where you can be reached or receive messages: (_____) - _____
area code + (7-digit number)

Telephone Company _____ No. of people living in your household _____

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

- ☐ 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)
- ☐ Food Support (food stamps)
- ☐ Minnesota Family Investment Program (MFIP)
- ☐ Low-Income Home Energy Assistance Program (LIHEAP)
- ☐ Temporary Assistance for Needy Families
- ☐ Tribally Administered Head Start (for those meeting income qualifying standard)

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 check the box below that applies to your household and attach the supporting documentation described below:

Please Check Box	Size of Household Unit:	Household Income (at or below:)	Please Check Box	Size of Household Unit	Household Income (at or below:)
☐	1	$14,621	☐	6	$39,866
☐	2	$19,670	☐	7	$44,915
☐	3	$24,719	☐	8	$49,964
☐	4	$29,768	☐	No: _____	*$ _____
☐	5	$34,817	*For each additional person, add $5,049		

Please attach one of the documents below if you did not check any boxes in #1.

- ☐ Last Year's State, Federal or Tribal Tax Return
- ☐ 3 consecutive months of most recent paycheck stub
- ☐ Veterans Administration Benefits Statement
- ☐ Unemployment/Workmen's Compensation Statement
- ☐ Child Support document
- ☐ Current annual income statement from employer
- ☐ Social Security Benefits Statement
- ☐ Retirement/Pension Benefits Statement
- ☐ Divorce Decree
- ☐ Other

I agree to notify the telephone company when I no longer participate in any of the above qualifying programs 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**

Mail Application & Income Documents to
Qwest
P O Box 2738
Omaha, NE 68103-2738

09/09