

# Discount Phone Service Lifeline Administration Service

Phone service is more affordable with Lifeline Services

## 2007 Income Guidelines

Household Size	Monthly Gross Income Must be less than
1 .....	\$1,276.00
2 .....	\$1,711.00
3 .....	\$2,146.00
4 .....	\$2,581.00
5 .....	\$3,016.00
6 .....	\$3,451.00
7 .....	\$3,886.00
8.....	\$4,321.00

Discounts Available:

- \* Up to \$11.25 off your monthly phone bill
- \* Up to \$12.35 for customers age 65 or older
- \* One-half off new phone service start-up charges - up to \$30.00  
(if eligible at time of applying for phone service)

You can qualify for Lifeline Services if . . .

You are not a dependent under sixty (60) years of age on someone else's Federal Income Tax return and your total monthly household income is less than the levels shown in the table to the right.

**To apply for Lifeline Services, complete the application below and send it to: Lifeline Administration Service, P.O. Box 16063, Lansing, Michigan 48901. If you have any questions, call 1-866-321-2323 to talk to a representative.**

### ENHANCED TRIBAL LIFELINE APPLICATION

PLEASE PRINT:

Name of your local telephone company: \_\_\_\_\_ Applicant's telephone # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*Family Independence Agency Case Number \_\_\_\_\_ Date Started \_\_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Please provide any or all of the following information as it applies to your household. Include income from all household members except those under 18 years of age.

Have you recently applied for telephone service? YES \_\_\_\_\_ NO \_\_\_\_\_ Date of Service \_\_\_\_\_

Would you like to have Toll Call blocking for outgoing calls? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you a resident of a Federally Recognized Reservation? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you receive assistance from one of the following programs? YES \_\_\_\_\_ NO \_\_\_\_\_

(Bureau of Indian Affairs General Assistance, Tribally Administered TANF, Head Start Programs (if you satisfy the income qualifying standards), or National School Lunch Program's Free Lunch Program)

**Monthly Gross Wages**..... \$ \_\_\_\_\_

(Enclose copies of check stubs for last 3 months)

**Other Monthly Gross Income** ..... \$ \_\_\_\_\_

(Alimony, child support, workers compensation, etc.)

**Monthly Gross Social Security Income**... \$ \_\_\_\_\_

(Enclose copies of 3 recent months of Social Security Checks)

**Total Monthly Gross Household Income** \$ \_\_\_\_\_

**Number of Members in Household** \_\_\_\_\_

**Monthly Gross Pension Amount** ..... \$ \_\_\_\_\_

(Enclose copies of 3 recent months of Pension Checks)

**Age 65 or older**

**Attention: Please enclose copies only. Originals will not be returned.**

**\*Department of Human Services recipients only:**

The Michigan Department of Human Services needs written documentation to verify to your telephone company that you receive Social Services assistance from one of the following programs in order to qualify for Lifeline Services:  Medicaid  SSI  Food Stamps  Federal Housing Assistance  LIHEAP  National School Lunch Program  TANF

**(Please enclose either a copy of your DHS eligibility notice or a copy of your most recent program benefits letter as proof of your enrollment.)**

Recipient's status verification will take place on your initial request and periodically thereafter for as long as you continue to receive Lifeline Service. This will be used only for the purpose of providing Lifeline and Link-Up Services.

**All Applicant's Signatures** \_\_\_\_\_ **Date** \_\_\_\_\_

By signing, I certify, under penalty of perjury, that the documentation I presented accurately represents my annual household income and the number of individuals in my household.