

## MINNESOTA APPLICATION - LIFELINE ASSISTANCE PROGRAMS

**Please Read All Instructions Before Completing**

**Please respond completely. Inaccurate or incomplete responses may cause your application to be rejected. The information on this application will only be used to assess your eligibility for Lifeline Assistance. Information provided below should be that of the account holder.**

Telephone Number or Existing Account #	First Name (No Initials)	Last Name
Address Where Service Is Located (No PO Boxes)		City
		State
Check here if this is a temporary address <input type="checkbox"/>		Zip Code
Check here if you participate in the Address Confidentiality Program <input type="checkbox"/>	Billing Address, City, State & Zip Code (If different from Service Address) (PO Boxes Allowed)	
Last 4 Digits of Social Security Number <b>OR</b> Tribal Identification Number		Date of Birth
SSN:	Tribal:	

**PLEASE CHECK programs in which you or your household currently participate and attach a copy of eligibility documentation: (If qualifying under Income, see Income Guidelines below.)**

<input type="checkbox"/> Federal Public Housing Assistance (FPHA) or Section 8	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> National School Lunch Program's Free Lunch Program	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) Formerly Known As Food Stamps	<input type="checkbox"/> Minnesota Family Investment Program (MFIP)

**If you are applying for Lifeline assistance because a member of your household besides you participates in one of these programs, provide his/her name and certify that he/she is a member of your household here:**

Name of Program Participant (please print)
_____ (Please Initial) I certify that this program participant is a member of my household.

**INCOME GUIDELINES: Documentation required** If you do not participate in any of the programs above, you may still be eligible for Lifeline Assistance if your annual household income is at or below the amounts shown below depending on the size of your household. PLEASE CHECK the corresponding box if you are eligible on this income basis. Please indicate the number of household members if more than 5.

Number in Household	IF YOUR TOTAL YEARLY HOUSEHOLD GROSS INCOME IS <u>AT OR BELOW</u> THE AMOUNTS LISTED, WHICH ARE:  135% of Federal Poverty Level
1 <input type="checkbox"/>	\$16,038
2 <input type="checkbox"/>	\$21,627
3 <input type="checkbox"/>	\$27,216
4 <input type="checkbox"/>	\$32,805
5 <input type="checkbox"/>	\$38,394
For each additional household member add	\$5,616
Number of household members:	No: _____



