

**[Company Name]**

**Lifeline and Telephone Assistance Program Re-certification: Please sign and return with documentation**

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

<input type="checkbox"/>	Bureau of Indian Affairs General Assistance
<input type="checkbox"/>	Federal Public Housing or Section 8 Assistance
<input type="checkbox"/>	Food Support (Food Stamps)
<input type="checkbox"/>	Low-Income Home Energy Assistance Program (LIHEAP)
<input type="checkbox"/>	Medicaid/ Medical Assistance
<input type="checkbox"/>	Minnesota Family Investment Program (MFIP)
<input type="checkbox"/>	National Free Lunch Program
<input type="checkbox"/>	Supplemental Security Income (SSI)
<input type="checkbox"/>	Temporary Assistance for Needy Families
<input type="checkbox"/>	Tribally Administered Head Start (for those meeting income qualifying standard)
<input type="checkbox"/>	Tribally Administered Temporary Assistance for Needy Families

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

<input type="checkbox"/>	3 consecutive months of most recent paycheck stub
<input type="checkbox"/>	Child Support document
<input type="checkbox"/>	Current annual income statement from employer
<input type="checkbox"/>	Divorce Decree
<input type="checkbox"/>	Last year's State, Federal or Tribal Tax Return
<input type="checkbox"/>	Retirement/ Pension Benefits Statement
<input type="checkbox"/>	Social Security Benefits Statement
<input type="checkbox"/>	Unemployment / Workmen's Compensation Statement
<input type="checkbox"/>	Veterans Administration Benefits Statement
<input type="checkbox"/>	Other

**Income at or below 135% of Federal Poverty Guidelines**

*For each additional person beyond eight, add the following dollar amount to the income eligibility requirements: \$4,860*

<b>Number in Household</b>	<b>Yearly Income</b>
	\$

I agree to notify the telephone company when I no longer participate in any of the qualifying programs or that my income level has risen above the Federal Poverty Guidelines. I certify under penalty of perjury that the attached documentation is true.

Number in household: \_\_\_\_\_.

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_, 2009

**Applicant Signature:** \_\_\_\_\_.

Send to:

[company]

[street]

[city, state zip]

or fax to [ - - ]

or e-mail [company@tapform.com]