



Lifeline/Link-Up Telephone Service Application Based on Household Income

Please fill out the entire form.

(PLEASE PRINT)

Last Name		First Name		Middle Initial	
Service Address		Mailing Address		City	State
Zip Code					
(____) _____ - _____ Telephone number to receive Lifeline discounts (Must be in your name)		(____) _____ - _____ Telephone number where you can be reached			
Number of people living in your household: _____					

Eligibility is dependent on applicant's household income. To receive Lifeline/Link-Up benefits on the basis of income, your household income must be at or below 135% of the Federal Poverty Income Guidelines. To assist you in determining whether your household income is within those limits, please use the following chart.

Federal Poverty Income Guidelines for Lifeline

Including yourself, your household has:	Your household income is at or below:
1 person	\$ 14,621
2 people	\$ 19,670
3 people	\$ 24,719
4 people	\$ 29,768
5 people	\$ 34,817
For each additional person, add \$5,049	

You must prove that your household income is at or below 135% of the Federal Poverty Income Guidelines. Please attach one of the documents listed below.

- A copy of your most recent federal or state tax return
- Three consecutive months of recent paycheck stubs
- The most recent Veterans Administration Benefits Statement
- The most recent Retirement/Pension Benefits Statement
- The most recent Unemployment/Workmen's Compensation Statement
- Current annual income statement from employer
- The most recent Social Security Benefits Statement
- Divorce Decree
- Child Support Documentation
- Any other legal document that would show your current income

By signing below, I certify under penalty of perjury that:

- My household income is at or below 135% of the Federal Poverty Income Guidelines.
- The attached proof of income document accurately represents my total household income.
- I am not a dependent for federal income tax purposes or I am a dependent over the age of 60.
- The service address listed above is my primary residence.
- I will promptly notify TDS Telecom if my income exceeds the income requirements.

Signature: _____

Date: _____

Mail completed application and proof documents to:

TDS Telecom - Lifeline P.O. Box 608, Lancaster, WI 53813-0608 or
Fax: 1 (608) 723 7001 or Toll Free 1-877-271-2861



Lifeline/Link-Up Telephone Service Application Based on Program Participation

(PLEASE PRINT)

Last Name	First Name	Middle Initial
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Service Address	Mailing Address	City	State	Zip Code
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(____) _____ - _____ (____) _____ - _____
 Telephone number to receive Lifeline discounts Telephone number where you can be reached
 (**Must** be in your name)

Eligibility for Lifeline and Link-Up Telephone Service is dependent on the applicant’s participation in one or more of the programs listed below.

- I hereby certify that I participate in one or more of the following programs (check all that apply):
 - Low Income Home Energy Assistance Program (LIHEAP)
 - Medicaid
 - Food Stamps
 - Supplemental Security Income (SSI)
 - Federal Public Housing Assistance or Section 8
 - Temporary Assistance to Needy Families
 - National School Lunch’s Free Lunch Program

- I also hereby certify that:
 - My telephone service is listed in my name;
 - The address listed is my primary residence; not a second home or business; and

If in the future I no longer participate in at least one of the programs listed in items 1 above or the conditions in item 2 above change, I will promptly notify TDS Telecom that I am no longer eligible for Lifeline and Link-Up Telephone Service.

I authorize TDS Telecom to access any records required to verify these statements to confirm my continued participation in the above programs. I authorize representatives of the above programs to discuss with and/or provide copies to TDS Telecom, if requested, to verify my participation in the above programs and my eligibility for Lifeline Telephone Service.

I understand that this form is not an application for telephone service.

I affirm, under penalty of perjury, that the foregoing representations are true.

Applicant’s Signature

Date

Please Return:
TDS Telecom – Lifeline
P.O. Box 608
Lancaster, WI 53813 or Fax 1-608-723-7001 Toll Free Fax 1-877-271-2861