

**Discount Phone Service
Lifeline Administration Service**

Phone service is more affordable with Lifeline Services

2009 Income Guidelines

Household Size	Monthly Gross Income Must be less than
1	\$1,354.00
2	\$1,821.00
3	\$2,289.00
4	\$2,756.00
5	\$3,224.00
6	\$3,691.00
7	\$4,159.00
8.....	\$4,626.00

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 4173, East Lansing, Michigan 48823. If you have any questions, call 1-866-321-2323 to talk to a representative.

LIFELINE APPLICATION

PLEASE PRINT:

Name of your local telephone company: _____ Applicant's telephone # _____

Last Name _____ First Name _____ M.I. _____

Address _____

City _____ State _____ Zip Code _____

*Department of Human Services Case Number _____ Date Started _____

***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.)

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 _____

Monthly Gross Wages..... \$ _____ Other Monthly Gross Income \$ _____
(Enclose copies of check stubs for last 3 months) (Alimony, child support, workers compensation, etc.)

Monthly Gross Social Security Income... \$ _____ Total Monthly Gross Household Income \$ _____
(Enclose copies of 3 recent months of Social Security Checks OR copy of SSA eligibility letter or SSA-1099) Number of Members in Household _____

Monthly Gross Pension Amount \$ _____ Age 65 or older
(Enclose copies of 3 recent months of Pension Checks OR pension benefit statement)

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

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.