



# Albany Mutual Telephone

# Telephone Assistance Application

Use this application to apply for Link-Up, Lifeline & TAP

Please complete necessary fields and return to Albany Mutual Telephone by mail at PO Box 570 Albany, MN 56307 or by fax to 320.845.7000. If you have any questions please call 320.845.2101.

\*\*\*Please note that you may need to get a converter box for your TV if you use an antenna for your TV service. The Digital TV conversion date has been moved from Feb. 2009 to June 12<sup>th</sup> 2009 – for more info visit [www.dtv.gov](http://www.dtv.gov), or call our office 320.845.2101.\*\*\*

## Customer Information

Name (Directory Listing): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Do you live on a reservation: Yes \_\_\_ No \_\_\_ Number of people living in your household \_\_\_\_

**To determine whether or not you qualify for Telephone assistance programs, please answer the following questions.**

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

- \* Medicaid/Medical Assistance
- \* Fed. Public Housing Assistance (Section 8)
- \* Supplemental Security Income (SSI)
- \* National School Free Lunch Program
- \* Bureau of Indian Affairs General Assistance
- \* Tribally administered Temporary Assistance for Needy Families (TANF)
- \* Food Support (food stamps)
- \* MN Family Investment Program (MFIP)
- \* Low-Income Home Energy Assistance Program (LIHEAP)
- \* Tribally Administered Head Start  
(for those meeting income qualifying standard)

**2. I do not receive benefits from any programs listed above BUT my income is at or below 135% of Federal Poverty Guideline. *Please attach one of the documents below.***

- \* Last year's State, Federal or Tribal Tax Return
- \* 3 consecutive months of most recent paycheck stub
- \* Veterans Administration Benefits Statement
- \* Unemployment/Workmen's Compensation Statement
- \* Current annual income statement from employer
- \* Child Support Document
- \* Social Security Benefits Statement
- \* Retirement/Pension Benefits Statement
- \* Divorce Decree
- \* Other

**Estimated Income Requirements for a household at or below 135% of the Federal Poverty Guidelines.**

| Number of persons in family unit | Annual Income | Number of persons in family unit | Annual Income |
|----------------------------------|---------------|----------------------------------|---------------|
| 1                                | \$14,620.50   | 5                                | \$34,816.50   |
| 2                                | \$19,669.50   | 6                                | \$39,865.50   |
| 3                                | \$24,718.50   | 7                                | \$44,914.50   |
| 4                                | \$29,767.50   | 8                                | \$49,963.50   |

For each additional person, add \$5,049

**I agree to notify the telephone company when I no longer participate in any of the above qualifying programs or my income rises above 135% of the Federal Poverty Guideline. I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet one of the criteria above to receive discounts on my home telephone line.**

\_\_\_\_\_  
Application Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

I am an "Authorized Representative" for this applicant and am submitting this form on behalf of this customer. I am willing to assist this applicant in seeking telephone service discounts.

\_\_\_\_\_  
Print "Authorized Representative" name

\_\_\_\_\_  
Day Phone Number

\_\_\_\_\_  
Date

**Please Return to:** Albany Mutual Telephone PO Box 570 Albany, MN 56307