

Save up to \$13.50 a month on your local phone bill with Lifeline!



You can get Lifeline 2 ways:

1. You can get Lifeline if you get one of these kinds of help:

- Food Stamps **or**
- Families First payments **or**
- SSI payments **or**
- TennCare Medicaid **or**
- Help with your heating or cooling bill (Low Income Home Energy Assistance) **or**
- Free or reduced price school lunch for your kids **or**
- You live in Section 8 or public housing.

To apply this way, call your local phone company. Ask if they have Lifeline. If they do, they can tell you how to apply.

You may need to change the name on your phone bill. The phone must be in the name of the person who gets the help listed above.

Example: Your wife gets SSI. But the phone is in your name. You must put the phone bill in your wife's name.

2. OR what if you don't get those kinds of help? You can get Lifeline if your income is low.

How low? Look at the numbers below. Find your family size on the left. Move across to the dollar amount next to it. If your gross monthly income is this much or **LESS**, you can get Lifeline rates.



Family size	Family gross income
↓	
1 person	→ \$1,217 per month
2 people	\$1,638 per month
3 people	\$2,060 per month
4 people	\$2,480 per month

For each family member above 4, add \$420 a month.

To apply this way, fill out the paper that says "Tennessee Regulatory Authority" on top. Send the paper to the address on the top of the application. Send **proof** of your income with it.



Can't afford to have a phone put in?

Apply for the LINK-UP program when you apply for Lifeline. LINK-UP can pay **half of the cost to install a phone**, up to \$30. You can pay the rest in monthly payments.

Ask for "local service only" and "long distance block". Then if LINK-UP helps to put your phone in, you don't pay any deposit. Do you want long distance? Then ask how much the deposit will be.

Legal Aid Society

of Middle Tennessee and the Cumberland

On the internet at www.las.org



TENNESSEE REGULATORY AUTHORITY
460 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0505
Link-up/Lifeline Application
1-800-342-8359
615.741.8953 (fax)

1. APPLICANTS SOCIAL SECURITY NUMBER _____ - _____ - _____ (MUST PROVIDE)

2. NAME: _____, _____, _____
 Last First MI

3. Address: _____

_____, _____, _____
 City State Zip Code County

YOUR REQUEST IS FOR WHICH TELEPHONE SERVICE. CHECK THE ONE THAT APPLIES:

New Service Transferred Service Existing Service *Name of Telephone Company _____

4. Assigned/Existing Telephone Number: (_____) _____ - _____

5. Name and Contact Number if other than yourself:
 _____ (_____) _____ - _____

6. Birth Date: (m/d/y) ____/____/____

7. Have you received The Link-up & Lifeline credit in the past? Yes No **If so when?** _____

8. APPLICANTS SOURCE OF INCOME: (Please attach verification that supports the gross income you receive from each source.)

Social Security/Disability \$ _____ Pension \$ _____ Employment \$ _____

Other income source (Explain) _____ Amount \$ _____

9a. Number of persons in your household (including yourself): _____

9b. not including yourself or children under the age of 18 with zero income: please provide the following information for household member:

(1) Full Name _____ Date of Birth _____ Income and Source _____

(2) Full Name _____ Date of Birth _____ Income and Source _____

10. Total Gross monthly income of all persons listed in questions 8 and 9b) \$ _____

I certify, under penalty of perjury, that I am a current recipient with a total gross monthly income that meets the criteria under the poverty guidelines and that the information on this application is complete and correct to the best of my knowledge. I will notify the Tennessee Regulatory Authority (TRA) if my total gross monthly income no longer meets the current guidelines. I authorize the TRA or my telephone provider or its appointed representative to access any records required to verify these statements to confirm my continued participation. I authorize the source(s) of my total gross monthly income to discuss with and/or provide copies to the TRA, if requested, to verify the incomes listed on this application and my eligibility for Link-up and/or Lifeline.

Applicant's Signature: _____ **Date** _____

Ethnic Background (Optional): This information is for statistical purposes only.

African-American (Black) American-Indian Caucasian (White) Hispanic Other

Do not write below this line

Approved Denied Link-up Lifeline **Total Gross income \$** _____

TRA Representative _____ **Date** _____