

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



How you get it depends on your phone company.

- Is **EMBARQ** or **BellSouth/AT&T** your local phone company? Keep reading.
- **Have another local phone company?** Turn this paper **over**. Read the back.

If your local phone company is EMBARQ or BellSouth/AT&T, 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 get Lifeline this way, fill out the application with this paper. The BellSouth application has a big **1** on the top. The EMBARQ application has a big **2** on the top. Send it to the address at the bottom of the application. For EMBARQ, you must also send **proof** of which program you get.

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	→ \$1,170 per month
2 people	\$1,575 per month
3 people	\$1,980 per month
4 people	\$2,385 per month

For each family member above 4, add \$405 a month.

To apply this way, fill out the paper with a big **3** on it. It 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.



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.

If LINK-UP helps to put your phone in, you don't pay a deposit.

Have another local phone company? You can get Lifeline 2 ways:

1. You can get Lifeline if you get:

- Food Stamps or
- Families First payments **or**
- SSI payments **or**
- TennCare Medicaid

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 **LESS**, you can get Lifeline rates.

Family size	Family gross income
↓ 1 person	→ \$1,083 per month
2 people	\$1,458 per month
3 people	\$1,833 per month
4 people	\$2,208 per month

For each family member above 4, add \$375 a month.

To apply this way, fill out the paper with a big **3** on it. It 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.

No deposit! If LINK-UP helps to put your phone in, you don't pay a deposit.

Lifeline and Link-Up Self-Certification Form

Date : _____

Billing Name _____

Service Address _____

City _____ State _____ Zip Code _____

Social Security Number _____

Telephone Number () _____

I hereby certify that I participate in the following public assistance program(s):

- Medicaid, as provided under TennCare
- Food Stamps
- Temporary Assistance to Needy Families (TANF)
- Supplemental Security Income (SSI)
- National School Lunch Program (NSL)
- Low Income Home Energy Assistance (LIHEAP)
- Federal Public Housing/Section 8

I certify, under penalty of perjury, that I am a current recipient of the above program(s) and will notify BellSouth when I am no longer participating in at least one of the above-designated program(s). I authorize BellSouth or its duly appointed representative to access any records required to verify these statements to confirm my continued participation in the above program(s). I authorize representatives of the above programs to discuss with and/or provide copies to BellSouth, if requested by the company, to verify my participation in the above program(s) and my eligibility for Lifeline.

Applicant's signature

Date

*If you are at or below 135% of the poverty level, but not currently receiving benefits from one of the listed programs, you may be able to qualify by contacting the Tennessee Regulatory Authority on **1-800-342-8359**.

Please mail or fax this self-certification form to:

**BellSouth RSC
4th Floor
304 Pine Avenue
Albany, GA 31702 Fax: 1-888-726-3223**



Turn this paper over for BellSouth application

APPLICATION FORM – LIFELINE/LINK-UP ASSISTANCE PROGRAMS

Please Read All Instructions Before Completing

Date: _____

1. PLEASE PRINT name and address of person applying for assistance.

Telephone Number	First Name	Middle Initial	Last Name	
Street/Apartment No	City	State	Zip Code	Social Security Number

2. PLEASE CHECK any qualifying aid program listed below that provides benefits to applicant and provide proof of eligibility with this application:

<input type="checkbox"/> Medicaid qualified TennCare Subscribers	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> National School Lunch Program's free lunch program (NSL)
<input type="checkbox"/> Supplemental Security Income (SSI or SSDI)	<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)
<input type="checkbox"/> Federal Public Housing Assistance Housing	<input type="checkbox"/> Household income at or below 135% of poverty level

Tennessee Lifeline Assistance Program

Lifeline Assistance Program is designed to provide eligible customers a waiver of the Subscriber Line Charge (SLC), a waiver of the Federal Universal Service Fund charge (USF), a waiver of the Intrastate Access Fee (IAF), and a reduction of local service charges.

- > Only one phone line per residence, at the customer's primary place of residence, is eligible.
- > Toll Blocking and/or 900/976 Blocking is available to Lifeline subscribers at no charge.
- > No service deposit is required if you subscribe to toll blocking.
- > Customers previously disconnected for non-payment of local charges will be eligible for special payment arrangements.

Eligibility Checklist

- > Completed Lifeline application including appropriate proof of eligibility.
- > If you **do not** receive TennCare Medicaid, Food Stamps, SSI, Federal Public Housing/Section 8, Families First, National School Lunch Program or LIHEAP, you may qualify by your income. To see if you qualify by your income, please call the Tennessee Regulatory Authority at 1-800-342-8359.

3. PLEASE CHECK the Embarq telephone assistance program in which you wish to enroll. Each program has different eligibility qualifications.

<input type="checkbox"/> Lifeline	<input type="checkbox"/> Link-Up
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PLEASE READ AND SIGN THE FOLLOWING:

By signing below, I certify to the best of my knowledge that the information contained within this application is true and correct.

If in the future I am no longer participating in at least one of the benefits programs (and do not meet any other requirements) that qualifies me for Lifeline/Link-Up assistance, I will promptly notify Embarq that I am no longer eligible for assistance.

I authorize Embarq or its duly appointed representative to access any records required to verify my statements herein and to confirm my continued eligibility for Lifeline/Link-Up assistance. I also authorize social service agency representatives to discuss with and/or provide information to Embarq verifying my participation in benefit programs that qualify me for Lifeline/Link-Up assistance. I understand that completion of this application does not constitute immediate approval for Lifeline/Link-Up assistance. I understand that the deposit requirement is not applicable for a Lifeline customer who subscribes to toll blocking.

By signing below, I acknowledge that providing fraudulent documentation in order to receive assistance is punishable by law.

Applicant Signature

Date

For answers to questions concerning Lifeline, please call Embarq's business office at 1-800-407-5411. Please return information to: EMBARQ – ACS, PO Box 7086, London, KY 40742

Tennessee Regulatory Authority
Link-up/Lifeline Application

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Consumer Services Division

460 James Robertson Parkway, Nashville, TN 37243

1-800-342-8359 615-741-8953 (fax)

Applicant's Name _____ Social Security Number _____

NOTE: Telephone service will be placed in the name of the applicant that qualifies for Link-up and or Lifeline Assistance if service is not already in applicant's name.

Address, City & Zip Code _____ County _____

Your request is for which of the following. **Please check one:**

_____ New/Transferred Telephone Service **OR FOR YOUR** _____ Existing Telephone Service

What is your existing or assigned telephone number? (Include AREA CODE) _____

Who is your local telephone company? _____

Applicant's Source of Income. State the Gross Income received from each. **Attach the verification that supports the gross income you receive from each source. For example, if you receive \$400 from Social Security, please attach a copy of your awards letter from Social Security, copy of check, bank statement showing direct deposit, etc. If employed, please attach three (3) months of pay stub payments.**

(A) \$ _____ Social Security/Social Security Disability

(C) \$ _____ Pension

(B) \$ _____ Interest Payment

(D) \$ _____ Employment Payment

(E) Applicant's Total Gross Monthly Income (Add A thru D to get this total) \$ _____

Number of Persons in Your Household (counting yourself) _____

(If Applicable) Not including you, please list the following information for all other household members:

Full Name	Date of Birth	Amount of Income Contributed to Household	Source of Income
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(F) _____

(G) _____

(H) Total Gross Monthly Household Income (Add E thru G to get this total) _____

I certify, under penalty of perjury, that I am a current recipient with total gross monthly household income that meets the current year poverty level guidelines and that the above individuals listed on this application represent the total number of individuals in my household. I will notify the Tennessee Regulatory Authority (TRA) when my total gross monthly household income no longer meets the current poverty level guidelines. I authorize the TRA or my telephone company or it's duly 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 household 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 Lifeline and/or Linkup.

Applicant's signature _____ Date _____

(Optional) Please indicate your race. This information is for statistical purposes only and will not be used to determine your eligibility for these programs:

African-American American-Indian Caucasian Other

Do not write below this line			
Approved/Denied By TRA	Date Approved/Denied	Link-up/ Lifeline	THM/TGI