

NewPhone

LIFELINE AND LINK-UP APPLICATION

RECEIVE (\$13.50 IN NC, MS, SC), (\$11.77 IN FL), (\$10.00 IN KY, TN, GA, AL), (\$8.25 IN LA) OFF YOUR MONTHLY SERVICE EVERY MONTH

Lifeline is a program designed to increase the availability of telecommunications services to low income subscribers by providing a credit to monthly recurring local service for qualifying residential subscribers. Link-Up provides a credit on the non-recurring installation and service charges to qualifying residential subscribers.

APPLICANT (Address must be your principal residence)

Name: Last _____ First _____ M _____
(NAME BENEFITS ARE RECEIVED IN)

Address: Street _____ City _____ State _____ Zip _____

- I do not currently have telephone service.
 I currently have telephone service.

Phone: (_____) - _____ - _____ Current provider (telephone company) _____

- I currently receive monthly Lifeline assistance for the above phone line.
 I previously received Link-Up assistance at the above address.

ELIGIBILITY REQUIREMENTS (please complete each section that applies)

- I currently participate in or receive benefits from the following programs (check all that apply):
- Medicaid (All BellSouth States, except TN)
 - TennCare Medicaid (TN only)
 - Low-Income Home Energy Assistance (LIHEAP) AL, FL, GA, KY, LA, NC, TN
 - Food Stamps (All BellSouth States)
 - National School Lunch Program's free lunch program (must qualify for free lunch). FL, KY, LA, TN
 - Supplemental Security Income (SSI) All BellSouth States except SC
 - Federal Public Housing Assistance (SECTION 8) AL, FL, GA, KY, LA, NC, TN
 - Temporary Assistance for Needy Families (TANF) All BellSouth States
 - Household Income based on Federal Poverty Guidelines * **Must provide proof of income with application to qualify*** (TN, LA, FL, SC (SC must go through Office of Regulatory Staff)
 - Senior Citizens discount plans offered by the local gas or power company (GA only)

CERTIFICATION

I understand that I must meet the above requirements to receive Lifeline or Link-Up benefits. I understand that these are only available for a single telephone line at my principal residence and that I may not receive Link-Up benefits more than once at the same residence. I understand that completion of the application does not constitute immediate enrollment in the Lifeline or Link-Up programs. I consent to the release of my personal information as may be required for the administration of the Lifeline or Link-Up programs. I agree to notify my local telephone company when I am no longer participating in any of the above-designated program(s).

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

Signature _____ Date _____

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

Authorized Representative Name (please print) _____

Signature _____ Date _____

Please fax completed form to: **1-877-514-3138**

Please mail completed form to: **NewPhone P. O. Box 80157 Baton Rouge, LA 70898**