

# Discount Phone Service Lifeline Administration Service

Phone service is more affordable with Lifeline Services

## 2005 Income Guidelines

Family Size	Monthly Gross Income Must be less than
1 .....	1,196.00
2 .....	1,604.00
3 .....	2,011.00
4 .....	2,419.00
5 .....	2,826.00
6 .....	3,234.00
7 .....	3,641.00
8 .....	4,049.00

Discounts Available:

- \* \$11.25 off your monthly phone bill
- \* 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 16063, Lansing, Michigan 48901. 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 \_\_\_\_\_

Social Security Number \_\_\_\_\_ \*Family Independence Agency Case Number \_\_\_\_\_ Date Started \_\_\_\_\_

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. **If you use direct deposit, a copy of a banking statement is acceptable.**

Have you recently applied for telephone service? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, how long ago \_\_\_\_\_  
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 most recent month) (Alimony, workers compensation, enclose copies)  
**Monthly Gross Social Security Income** \$ \_\_\_\_\_ **Total Monthly Gross Household Income** ..... \$ \_\_\_\_\_  
(Enclose copy of last Social Security Check) **Number of Family Members in Household** \_\_\_\_\_  
**Monthly Gross Pension Amount** ..... \$ \_\_\_\_\_  
(Enclose copy of last Pension Check)

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

#### \*Family Independence Agency recipients only.

The Michigan Family Independence Agency 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: Me  caid  
 SSI Food  stamps Section 8 Housing Assi  nce LI  EAP National School Lunch P  rogram TANF

**(Please enclose either a copy of your FIA eligibility notice or a copy of your most recent program benefits letter)**

Recipients 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 Services.

**All Applicants' Signatures** \_\_\_\_\_ **Date** \_\_\_\_\_