



# Application for Lifeline Telephone Service

## Important Lifeline Information

Lifeline is a service and a government assistance program designed to make phone and internet services more affordable for low-income customers. Assistance is provided in the form of a bill credit.

Here are some important facts about the Lifeline program:

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program.
- Lifeline is available to eligible consumers.
- Only one Lifeline service is available per household. You must be verified by the National Lifeline Accountability Database before receiving Lifeline benefits.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline benefits from multiple providers (either landline or wireless). You must select one provider – landline or wireless.
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission’s (or “FCC”) rules and will result in the subscriber’s de-enrollment from the program.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.
- One Lifeline benefit may be applied to voice, broadband, or bundled service. A Lifeline benefit on broadband service is only offered where minimum supported broadband service is commercially available. Depending upon state rules, the state Lifeline credit may not apply to broadband services.

## Lifeline Eligibility

Eligibility for Lifeline can be based on participation in a government assistance program or by income. Take a look below at the qualifying programs and income thresholds to determine if you are eligible.

Eligible Programs	
Medicaid (note: this is not the same as Medicare)	Federal Public Housing Assistance (FPHA)
Supplemental Nutrition Assistance Program (SNAP)	Supplemental Security Income (SSI)
Veterans and Survivors Pension Benefit	

Annual Income Thresholds based on Household size				
Number of persons in household, including yourself	1	2	3	4
Income guidelines	\$ 16,281	\$ 21,924	\$ 27,567	\$ 33,210
For each additional person add	\$ 5,643			

Documentation is needed to prove your Lifeline eligibility. Allowable forms of proof are listed in the Application Instructions.

## How to Apply

1. Start by completing the Household Worksheet on Page 2. If you determine your address includes more than one Lifeline recipient, you are not eligible for a second benefit. You do not need to proceed with the Lifeline Application. If your address is eligible, please send your completed worksheet with your completed Lifeline application.
2. If you are eligible for Lifeline (based on the above), please read the instructions for filling out the Lifeline application on Page 3 and Page 4. Please review and follow them carefully, as they will help insure the application is filled out correctly and completely. Any missing information or an incomplete application will result in the application being rejected.
3. Complete the Lifeline Application. The Application can be found on Pages 5 through 7.
4. Be sure to include copies (not originals) of qualifying documentation with your signed application.
5. Review the application before sending it in. On Page 8 you’ll find a checklist for reviewing your application to make sure it is complete.

If you need assistance filling out your application, please call TDS toll-free at 866-571-6662 or visit [tdstelecom.com/contact us](http://tdstelecom.com/contact-us).



# Application for Lifeline Telephone Service

## Lifeline Household Worksheet

\*\*\* You must complete this worksheet and send it with your completed Lifeline application. \*\*\*

Name \_\_\_\_\_ TDS Telephone Number \_\_\_\_\_

Service Address \_\_\_\_\_ City \_\_\_\_\_

State and Zip Code \_\_\_\_\_

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An **adult** is any person 18 years of age or older, or an emancipated minor. Household **expenses** include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. **Income** includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

### Answer the questions below to determine whether there is more than one household residing at your address.

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline Program-discounted phone? **YES** **NO**  
(circle NO if you do not have a spouse or partner):

- If you circled **YES**, you may not sign up for the Lifeline Program because someone in your household already receives a Lifeline benefit. Only ONE Lifeline discount is allowed per household.
- If you circled **NO**, please answer question #2.

2. Other than a spouse or domestic partner, do other adults (people over the age of 18 or emancipated minors) who live with you at your address already receive Lifeline-discounted phone service? (circle NO for all options if no other adults live at your address) **YES** **NO**

- |  |            |           |                      |            |           |
|--|------------|-----------|----------------------|------------|-----------|
| A. A parent  | <b>YES</b> | <b>NO</b> | D. An adult roommate | <b>YES</b> | <b>NO</b> |
| B. An adult son or daughter  | <b>YES</b> | <b>NO</b> | E. Other: _____      | <b>YES</b> | <b>NO</b> |
| C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.) | <b>YES</b> | <b>NO</b> |                      |            |           |

- If you circled **NO** for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
- If you circled **YES**, please answer question #3.

3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income, or both incomes together) with at least one of the adults listed above in question #2? **YES** **NO**

- If you circled **NO**, then your address includes **more than one household**. Please initial lines A and B below, and sign and date the worksheet.
- If you circled **YES**, then your address includes only **one household**. You may not sign up for the Lifeline Program because someone in your household already receives Lifeline.

### Certification

Please initial the certifications below and sign and date this worksheet.

- |   |       |   |
|---|-------|---|
| A | _____ | I certify that I live at an address occupied by multiple households   |
| B | _____ | I understand that violation of the one-per-household requirement is against the Federal Communications Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States Government. |

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit this worksheet with your completed Lifeline application.



# Application for Lifeline Telephone Service

## Application Instructions

### Lifeline Household Worksheet

Complete this before proceeding with the Lifeline Application. This page **MUST** be completed and sent with the rest of the Lifeline application.

### LIFELINE APPLICATION

#### STEP 1: Personal Information

Step 1 of the application identifies who is applying for the Lifeline program.

#### Applicant's Name:

Fill in, using capital letters, the applicant's full legal name (no nicknames). The applicant's name (first, middle initial, and last) must match the first name on the phone bill and on the provided proof of benefit.

#### Service Address:

**Never leave the service address blank.** Fill in the applicant's actual home address and *not a PO Box*. If the service address includes an apartment number, room number, floor, or even a bed number (if the applicant lives in a nursing facility), please be sure to include it.

#### Billing Address:

Fill out this section if the address where the applicant receives their phone bill is different than the service (or home) address. If this does not apply, you can leave this area blank.

#### Date of Birth:

Use two digits for the month, two digits for the day, and four digits for the year. For example, a birthdate of January 1, 1945, should be written as: 01/01/1945.

#### TDS Telephone Number:

This is the telephone number or account number on your TDS bill. The name on the account must match the name of the applicant.

#### Social Security Number:

To participate in Lifeline, you are required to provide the last four digits of the applicant's social security number.

#### STEP 2: Eligibility

Step 2 of the Lifeline application identifies how the applicant qualifies for the Lifeline program. Eligibility can be based on participation in a government assistance program OR by income. You must complete *either* number 1 or number 2, but not both.

##### 1. Program-Based Eligibility

Check this box if the applicant participates in one of the government assistance programs listed on the application. If the applicant participates in more than one program, check only one box. Participation in a single program is all that is needed for Lifeline eligibility.

Provide proof that applicant participates in the program you selected. Qualifying proof includes:

- A copy of a benefit statement
- Notice letter of participation in a qualifying program
- Program participation documents
- Other official participation document for the program you checked in Part 1.

Benefit cards are accepted as proof, but they must include:

- Name of beneficiary
- Name of program
- State of residence
- An effective date within the last 12 months.

If the effective date is more than a year old, another form of program participation must be included with the Lifeline application.

Remember, you must check the box next to the program the applicant participates in and also include proof for that program. If you fail to do this, the application will be considered incomplete.

If you send your application by mail, please send only photocopies. Originals will not be returned.

You may provide proof of program participation in the name of someone who is a member of your household (and is living with you) if that person is not already receiving Lifeline benefits from TDS or another provider.

If the program proof *is not* in the applicant's name, you **MUST** complete the special certification box below the list of eligible government programs.

Be sure to check the box next to the words "I certify that ..." and also provide:

- The name of the person listed on the proof you're providing (must match).
- The person's date of birth.
- The last four digits of the social security number for the person whose name is on the proof document.

See next page for: **2. Income Eligibility.**



# Application for Lifeline Telephone Service

## Part 2: Income-based Eligibility

Check this box if the applicant's Lifeline eligibility is based on income.

Provide proof of income by sending a copy of one of the following documents:

- Applicant's most recent state or federal tax return
- Current income statement or W-2 from an employer
- Paycheck stub (three consecutive months)
- Social Security statement of benefits
- Veterans Administration statement of benefits
- Unemployment or Workers' Compensation statement of benefits
- Federal notice letter of participation in General Assistance
- Divorce decree
- Child support award
- Other legal document that shows the applicant's total current household income.

If your proof does not cover a full year of income, you must provide three consecutive months of the same type of documentation (for example, three consecutive months of pay stubs). That documentation must be from within the last 12 months. Bank statements *are not* accepted. Please send only photocopies. Originals will not be returned.

### Number of people living in your household:

Count anyone who lives at the service address listed on the application, including those who share in the income and expenses of the household (including children and people who are not related to you). For example, if you live alone, the number of people living in your household is one. If you live with a spouse or domestic partner and no children, the number is two.

## STEP 3: Transfer Consent

Initial in the boxes (one letter per box) if you authorize TDS to transfer any pre-existing Lifeline discount with another carrier to the applicant's TDS account.

If this the first time the applicant is applying for Lifeline, you do not need to initial this section. However, if the applicant is receiving Lifeline benefits from another carrier this **MUST** be filled out or Lifeline benefits will be delayed.

## STEP 4: NLAD Consent

To participate in the Lifeline program, TDS is required to provide certain information to the National Lifeline Accountability Database (or "NLAD"). The applicant **MUST** authorize the release by putting their initials in the boxes provided (one letter per box). Failure to give consent will mean the Lifeline application will be rejected.

## STEP 5: Certifications and Signature

### Certifications

There are nine statements that must be initialed by the applicant (one letter per box). It is very important that you initial each line in this section. If *any* statement is not initialed, the application will be denied. If it's denied, you'll need to resubmit an entirely new, complete Lifeline application and proof of program participation or income.

### Applicant Signature

The applicant must also sign and date the application. If the application is not signed *and* dated, it will be rejected

### Legal Authorized Representative

If the application is submitted by a legally authorized representative of the applicant, fill out Page 7. The representative must also provide a Power of Attorney or other

documentation of authority to represent the applicant.

## MAILING OR FAXING YOUR APPLICATION

Whether the application is submitted by mail or fax, please send all forms and documentation together.

Once you have completed every required part of this application and made photocopies of the required documentation (for example, of program participation or income), it's time to send everything to TDS. Send the application and proof of program participation/income eligibility to:

### By Mail

TDS  
PO BOX 5488  
Madison WI 53705

### By Fax

You may fax your application to  
1.608.830.5634

## QUESTIONS

If you have any questions, please call TDS' customer service at 866-571-6662.

If you would like to learn more about the Lifeline program and eligibility requirements, go to <https://tdstelecom.com/lifeline.html>

or  
[www.lifelinesupport.org](http://www.lifelinesupport.org)



# Application for Lifeline Telephone Service

Please print using block capital letters. Complete the form in full or the application will be rejected.

### STEP 1: Personal Information

Applicant's Name (legal name that matches the name on the TDS account):

[Grid for name entry]

Service Address (no PO Boxes), Street, Bed # (if applicable)

[Grid for service address entry]

City: [Grid] State: [Grid] Zip Code: [Grid]

Billing Address (if different from Service Address): [Grid]

City: [Grid] State: [Grid] Zip Code: [Grid]

Last four digits of applicant's Social Security Number: [Grid]

Applicant's date of birth: Month: [Grid] Day: [Grid] Year: [Grid]

### STEP 2: Eligibility- Please complete number 1 OR 2 below.

1.  I certify that I participate in at least one of the following programs (check the program) and I am providing a *copy* of a document that demonstrates my participation in the program.

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Veterans and Survivors Pension Benefit
- Federal Public Housing Assistance (FPHA)

If the program proof is not in the account holder's name, you MUST complete the certification below:

I certify that (name on proof), \_\_\_\_\_  
 Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and  
 last four digits of Social Security number \_\_\_\_\_  
 is a member of my household and is not already receiving  
 Lifeline benefits from TDS or another  
 company.

OR

2.  I certify that my **gross** income is at or below 135% of Federal Poverty Guidelines, based on the chart below.

(Initial): [Grid]

I also certify that this is how many people live in my household (**required**): \_\_\_\_\_. (# in household)

Annual Income Thresholds based on Household size				
# of people in household, including yourself	1	2	3	4
Income guidelines	\$16,281	\$21,924	\$27,567	\$33,210
For each additional person add:	\$5,643			

I am providing a photocopy of the following qualifying documents to demonstrate *gross* income for my entire household:

- Prior year's state or federal tax return
- Current income statement from an employer
- Paycheck stubs for most recent 3 months
- Social Security statement of benefits
- Child Support document
- Retirement / pension statement of benefits
- Unemployment/Workmen's Compensation statement of benefits
- Federal notice letter of participation in General Assistance
- Veterans Administration Statement of Benefits
- Other official document containing income information
- Divorce decree



# Application for Lifeline Telephone Service

### STEP 3: Transfer Consent

**By my initials and by signing this application**, I authorize TDS to transfer any pre-existing Lifeline discount with another carrier to my TDS account. I acknowledge that any pre-existing Lifeline discount with another carrier will cease when this transfer becomes effective. I acknowledge that a telephone discount may not be transferred if it has been transferred in the last 60 days and an internet discount may not be transferred if it has been transferred in the last year.

### STEP 4: National Lifeline Accountability Database (NLAD) Disclosure and Consent

The FCC has ordered the use of a National Lifeline Accountability Database for enrollment in the federal Lifeline Program. TDS must provide the below information about our relationship with you to the database to ensure the proper administration of the Lifeline Program. The below list may be altered at any time without notification.

- Your full name
- Your Date of Birth
- Your Telephone Number
- Service Type
- Your full residential address
- The amount of the discount TDS provides
- Whether your eligibility is program or income based
- The date TDS began providing you Lifeline service
- The Future date when your Lifeline service with TDS ends
- The last four digits of your Social Security number (or tribal ID)

**By my initials and by signing this application**, I confirm I have read and understand the disclosures provided above and hereby provide consent to TDS to release any of my information contained in this Lifeline Application required for the administration of the Lifeline program to the FCC or its designee, including the Universal Service Administrative Company (USAC), and to any state and federal agency or its designee, as required by law. (Failure to provide consent will result in being denied Lifeline service.)

### STEP 5: Certifications and Signature

**You MUST *initial each statement*.** Checkmarks or blank spaces will result in denial of your Lifeline application.

**I certify, under penalty of perjury, that:**

- I meet the income-based or program-based eligibility criteria for receiving Lifeline, shown above.
- I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit.
- If I move to a new address, I will provide that new address to TDS within 30 days.
- My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.
- The information contained in this application is true and correct to the best of my knowledge.
- I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
- I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.
- I understand that participation in the Lifeline program requires a provider freeze of 60 days (if applying benefit to voice service) or 12-months (if applying the benefit to qualifying internet service; if available in your area). During this time, you must remain with TDS to continue receiving the Lifeline benefit (unless you meet the FCC's freeze exceptions).
- I hereby authorize TDS to release any of my information contained in this Lifeline Application required for the administration of the Lifeline program to the FCC or its designee, including the Universal Service Administrative Company, and to any state and/or federal agency or its designee, as required by law.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail completed Application to TDS PO BOX 5488 Madison WI 53705 or Fax to 1.608.830.5634



# Application for Lifeline Telephone Service

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## Legally Authorized Representative

If this Lifeline application is submitted by a legally Authorized Representative of the Applicant, please complete the following:

I am a "Legally Authorized Representative" for this customer and am submitting this application on behalf of this customer. My Power of Attorney (or other documentation of authority) is submitted with this application.

Printed "Legally Authorized Representative" name: \_\_\_\_\_

Signature "Legally Authorized Representative": \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

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For Company use only:

Date Verified: \_\_\_\_\_ TDS Employee Initials: \_\_\_\_\_ Qualifier's Name: \_\_\_\_\_

Document provided for program eligibility \_\_\_\_\_

Document provided for income eligibility \_\_\_\_\_ Total Gross Income: \_\_\_\_\_



## Application for Lifeline Telephone Service

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### Lifeline Application Checklist

- You completed all portions of Step 1 Personal Information, without leaving any blanks or missing information.
- In Step 2: Eligibility, you selected the program you participate in OR you selected income and provided the number living in the household.
- The application includes a copy of the proof of eligibility selected in Step 2.
- In Step 3: Transfer Consent, you put your initials (one letter per box) allowing TDS to transfer your Lifeline service.
- In Step 4: National Lifeline Accountability Database Disclosure and Consent, you wrote your initials (one letter per box).
- Step 5: Certifications and Signature, you wrote your initials for all the statements, signed and dated the application.
- You completed the enclosed Lifeline Household Worksheet.

If you are missing any of the above information, go back and complete the missing step.

If you checked all of the above, your application should be ready for review. Send the forms to TDS:

**By Mail**

TDS, PO BOX 5488, Madison WI, 53705

**By Fax**

You may fax your application to 1.608.830.5634