

Michigan Lifeline Discounts Application Checklist

Use this document as a guide before submitting your completed application packet to TDS.

This Checklist is a reference tool only.

☐ You did not qualify for the Federal Lifeline program so you may still be eligible for discounts under Michigan law.

NOTE: Michigan-specific discounts do not apply to “broadband-only” services.

☐ You entered your information using CAPITAL LETTERS and black ink; otherwise processing your application could be delayed.

☐ You completed all portions of Number 1. Your Information – leaving no blanks or missing information. Number 1. Your Information starts on page 1 of 4 and ends on page 2 of 4.

☐ In Number 2. Qualify for Lifeline, (on page 3 of 4) if *PROGRAM* qualified, you selected the program(s) you participate in.

If *INCOME* qualified, you marked the number in your household and checked either Yes or No that your income is the same or less for the number in your household. If this is not completed, your application will be denied. See below image as an example. If there are 3 people in the household, follow the line across to select either Yes or No concerning the household income level.

Including you, how many people live in your household? (check one)	Does your income fall within the ranges below for your household size? (only check yes or no next to your household size)
<input type="checkbox"/> 1	\$16,986 - \$18,735 <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 2	\$22,998 - \$25,365 <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 3	\$29,009 - \$31,995 <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 4	\$35,020 - \$38,625 <input type="checkbox"/> Yes <input type="checkbox"/> No

☐ You included *a copy* of the proof of eligibility selected in Number 2. Qualify for Lifeline as well as a copy of your unexpired state ID card or Driver’s License.

Copy of *program* proof includes: 1. your name and address; 2. Government issued program document; 3. qualifying program name (such as LIHEAP); and 4. issue date within last 12 months or future expiration date for benefit period.

☐

In Number 3: Agreement, (on page 4 of 4) you wrote your two initials (first and last name initials) for *each* statement, signed and dated the application. All statements must be initialed or your application will not be accepted.

☐

You can only qualify for Federal or State, not both.

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 is likely ready for review. Send the completed forms, copies of proof of eligibility, and unexpired state ID card or Driver's License to TDS:

By Mail

TDS
PO BOX 5488
Madison WI, 53705

By Fax

You may fax your entire application packet to 1.608.830.5634

1. Your Information

All fields are required unless indicated. Use only CAPITALIZED LETTERS and black ink to fill out this form.

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Michigan Lifeline Discounts

Application Form

1. Your Information (continued)

What is your home address? (The address where you will get service. Do not use a P.O. Box)

Street Number and Name

Apt., Unit, etc. City

State Zip Code

Is this a temporary address? Yes No **Check if you live on Tribal Lands**

What is your mailing address? (Only fill this out if it is not the same as your home address.)

Street Number and Name

Apt., Unit, etc. City

State Zip Code

Michigan Lifeline Discounts

Application Form

2.

If you did not qualify for the Federal Lifeline program, you may still be eligible for discounts under Michigan law.

Return this form if any of the programs or income-levels apply to your household.

Qualify through a government program:

Check all programs that you or someone in your household have:

- ☐ Low-Income Home Energy Assistance Program (LIHEAP)
- ☐ National School Lunch Program
- ☐ Temporary Assistance for Needy Families

Or

Qualify through your income:

(Only fill this out if you do not qualify through a government program.)

Including you, how many people live in your household? (check one)

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ If more than 5, add this amount for each extra person:

Does your income fall within the ranges below for your household size?

(only check yes or no next to your household size)

- | | | |
|---------------------|------------------------------|-----------------------------|
| \$16,986 - \$18,735 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| \$22,998 - \$25,365 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| \$29,009 - \$31,995 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| \$35,020 - \$38,625 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| \$41,031 - \$45,255 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| \$6,012 - \$6,630 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

136% - 150% of the 2019 Federal Poverty Guidelines

Michigan Lifeline Discounts Application Form

3. Agreement

I agree, under
penalty of perjury,
to the following
statements:

*You must initial next to
each statement.*

Initial

I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is between 136% - 150% of the Federal Poverty Guidelines (the amounts listed in the table on this form).

Initial

I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:

- 1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore.
- 2) Either I or someone in my household gets more than one Lifeline benefit (including, more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services).

Initial

I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit.

Initial

All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.

Initial

My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.

Initial

I agree that if I move I will give my service provider my new address within 30 days.

Signature

Today's Date