



**Albany Mutual  
Telephone**

**Telephone Assistance Application**

Use this application to apply for Link-Up, Lifeline & TAP

Please complete necessary fields and return to Albany Mutual Telephone by mail at 131 6<sup>th</sup> Street Albany, MN 56307 or by fax to 320.845.7000. If you have any questions please call 320.845.2101.

**Customer Information**

Name (Directory Listing): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Do you live on a reservation: Yes \_\_\_ No \_\_\_ Number of people living in your household \_\_\_\_

**To determine whether or not you qualify for Telephone assistance programs, please answer the following questions.**

**1. I receive benefits from the following program(s): *Circle all that apply and attach proof***

- \* Medicaid/Medical Assistance
- \* Fed. Public Housing Assistance (Section 8)
- \* Supplemental Security Income (SSI)
- \* National School Free Lunch Program
- \* Bureau of Indian Affairs General Assistance
- \* Tribally administered Temporary Assistance for Needy Families (TANF)
- \* Food Support (food stamps)
- \* MN Family Investment Program (MFIP)
- \* Low-Income Home Energy Assistance Program (LIHEAP)
- \* Tribally Administered Head Start  
(for those meeting income qualifying standard)

**2. I do not receive benefits from any programs listed above BUT my income is at or below 135% of Federal Poverty Guideline. *Please attach one of the documents below.***

- \* Last year's State, Federal or Tribal Tax Return
- \* 3 consecutive months of most recent paycheck stub
- \* Veterans Administration Benefits Statement
- \* Unemployment/Workmen's Compensation Statement
- \* Current annual income statement from employer
- \* Child Support Document
- \* Social Security Benefits Statement
- \* Retirement/Pension Benefits Statement
- \* Divorce Decree
- \* Other

Estimated Income Requirements for a household at or below 135% of the Federal Poverty Guidelines.

Number of persons in family unit	Annual Income	Number of persons in family unit	Annual Income
1	\$14,620.50	5	\$34,816.50
2	\$19,669.50	6	\$39,865.50
3	\$24,718.50	7	\$44,914.50
4	\$29,767.50	8	\$49,963.50

For each additional person, add \$5,049

**I agree to notify the telephone company when I no longer participate in any of the above qualifying programs or my income rises above 135% of the Federal Poverty Guideline. I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet one of the criteria above to receive discounts on my home telephone line.**

\_\_\_\_\_  
Application Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print "Authorized Representative" name

\_\_\_\_\_  
Day Phone Number

\_\_\_\_\_  
Date

**Please Return to:** Albany Mutual Telephone 131 6<sup>th</sup> Street Albany, MN 56307