

ID-CenturyLink Internet Basics PROGRAM APPLICATION

Please Read All Instructions Before Comple						ate:		
Please fill in all information as completely as possible. The information on this application is strictly confidential and will only be used to verify your eligibility for the CenturyLink Internet Basics program and service. Once you have completed and signed this form please mail or fax the form and copies of supporting documents as instructed at the bottom of the second page. Once your form and supporting documentation is received, CenturyLink will contact you regarding your eligibility and to complete your order if approved. Original documents will not be returned.								
Telephone Number	First Name		Mic	ddle Initial	Last Name			
Address/Apartment #		Cit	у		State	Zip code		
Social Security Number of Applicant Cell or can be reached			hone	number	Best time fo	or us to reach	you to complete your order	
Current email address					Number of People in Household (required when qualifying under income criteria)			
PLEASE CHECK programs in	which you	currently participat	e and	d attach a co	opy of eligi	bility docu	mentation:	
Total household income at or below 133% of the Federal Poverty Guidelines			Additional eligibility criteria may apply to residents of federally recognized tribal lands					

Please provide the following:

- 1. Signed and completed CenturyLink Internet Basics program application and supporting documents for either #2 or
- 2. If you are qualifying under a program, provide a copy of a program identification card or other social service agency documentation showing current participation for each program checked above.
- 3. If you are qualifying based on the size and income level of your household, provide a copy of one of the following:
 - Last year's Federal or State Income Tax Return
 - Current Annual Income Statement from Employer
 - Paycheck Stubs for most recent three consecutive months
 - Social Security Statement of Benefits
 - Veteran's Administration Statement of Benefits
 - Retirement or Pension Statement of Benefits
 - Unemployment or Worker's Compensation Statement of Benefits
 - Letter of Participation in General Assistance
 - Divorce Decree or Child Support Documentation

Please also indicate the size and income level of your household by selecting one of the following:

Please	Number of people	Household Income:
check Box	living in home	(at or below)
	1	\$14,856
	2	\$20,123
	3	\$25,390
	4	\$30,657
	5	\$35,923

Please	Number of people	Household Income:			
check Box	living in home	(at or below)			
	6	\$41,190			
	7	\$46,457			
	8	\$51,724			
	No	\$*			
*For each additional person, add \$5,267					

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CenturyLink Internet Basics Program Service Order Form- Please check the boxes below to select your HSI service and equipment in either column.

To place your order for HSI, please fill out this form and mail or FAX this completed application and copies of required supporting documents to(Original Documents are not returned):

CenturyLink Data Services Or Fax to 1-866-810-7530 555 Lake Border Drive Apopka, FL 32703

For answers to questions concerning this program, Please call CenturyLink at (866) 541-3330