

How to Apply

Follow the steps outlined on this page and return all completed pages to the address provided.

Follow These Steps

A. Select the service you are subscribing to:

Phone (voice) Service only

Both Phone and Internet Service

B. Name of Local Telephone Company _____

C. Complete all pages

D. Return all completed pages to:

CenturyLink
555 Lake Border Dr
Apopka, FL 32703

Or fax to: 866-810-7530

Please contact Customer Service at 855-954-6546 if you have questions.

Michigan Lifeline Discounts Application Form

1. Your Information

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

What is your full legal name?

The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First

Middle (optional)

Suffix (optional)

Last

What is your phone number (if you have one)?

What is your date of birth?

Month

Day

Year

What is your email address (if you have one)?

What are the last 4 numbers of your Social Security Number (SSN)?

If you do not have a SSN, what is your Tribal Identification Number?

What is the best way to reach you?

email

phone

text message

mail

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

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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)

- | | | |
|---------------------|------------------------------|-----------------------------|
| \$16,862 - \$18,735 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| \$22,829 - \$25,365 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| \$28,796 - \$31,995 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| \$34,763 - \$38,625 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| \$40,730 - \$45,255 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| \$5,967 - \$6,630 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

135% - 150% of the 2019 Federal Poverty Guidelines

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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 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines 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 was truthful about whether or not I am a resident of Tribal lands, as defined in section 2 of this form.

Signature

Today's Date