

## 1. About the Senior Telephone Discount Program (STDP)

The STDP discount is a state benefit that lowers the monthly cost of phone service.

### Rules

If you qualify, your household can get the Senior Telephone Discount Program (STDP) for your phone. Your household cannot get STDP from more than one phone company.

You are only allowed to get one STDP benefit per household, **not per person**. If more than one person in your household gets STDP, you are breaking the rules and will lose your benefit.

### What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

### Do not give your benefit to another person

The STDP is non-transferable. You cannot give your STDP benefit to another person, even if they qualify.

You must give accurate and true information on this form and on all STDP related forms or questionnaires. If you give false or fraudulent information, you will lose your STDP benefit (i.e., de-enrollment or being barred from the program).

### Documentation of Eligibility

You will need to show an official document to prove your annual income. You must submit copies of your official documents with this application.

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 or other official document containing income information for any three consecutive months within the last twelve 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 containing income information
- Bank Statement is not valid proof of income.

### Apply

To apply for a Senior Telephone Discount Program, fill out every section of this form, initial every agreement statement, and sign the last page.

Return this form to:  
CenturyLink Data  
555 Border Drive  
Apopka, FL 32703

FAX: 402-998-7341  
CustomerService: 888-833-9522  
Email: TAPCenter@Centurylink.com

## 2. Your Information

All fields are required  
unless indicated.

**What is your full legal name?**  
The name you use on official documents, like your Social Security Card or State ID. Not

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First

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Middle (Optional) Suffix (Optional)

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Last

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

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**What is your date of birth?**

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Month      Day      Year

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

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

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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

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

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Street Number and Name Apt, Unit, etc.

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City State Zip Code

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

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Street Number and Name Apt, Unit, etc.

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City State Zip Code

3.

Qualify through your income:

Qualify for the Senior Telephone Discount Program (STDP)

Fill out this section to show that your household qualifies for the Senior Telephone Discount Program. You can qualify through your income if it is at or below 100% of the Federal Poverty Level and you are age 65 or older.

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

Is your income the same or less than the amount listed for your state and household size? (only check yes or no next to your household size)

Persons in family/household	Poverty guideline 100%		
<input type="checkbox"/> 1	\$14,580	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 2	\$19,720	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 3	\$24,860	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 4	\$30,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 5	\$35,140	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 6	\$40,280	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 7	\$45,420	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 8	\$50,560	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> If more than 8, add this amount for each extra	\$5,140	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The Federal Poverty Guidelines are typically updated at the end of January.  
100% of the 2022 Federal Poverty Guidelines

This program gives me a reduced Telephone rate because:

- I am the Head of the Household.
- I am 65 years of age or older.
- My income is at our below 100% of the Federal Poverty Level.

# 4. Agreement

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

*You must initial next to each statement.*

Initial My annual household income is 100% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).

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

Initial I understand that I must tell my service provider within 30 days if I do not qualify for the Senior Telephone Discount Program (STDP) anymore, including:

- 1) I do not qualify through the income guidelines.
- 2) I get more than one STDP benefit.

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

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

Initial I know that willingly giving false or fraudulent information to get STDP benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

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

I consent to let CenturyLink contact me at my phone number for important reminders and updates to my service.

Signature	Today's Date
<input type="text"/>	<input type="text"/>