

Idaho Telephone Service Assistance Program Application Form



1. About the Idaho Telephone Service Assistance Program (ITSAP)

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

Rules

If you qualify, your household can get the Idaho Telephone Service Assistance Program (ITSAP) for your phone. Your household cannot get ITSAP from more than one phone company.

You are only allowed to get one ITSAP benefit per household, **not per person**. If more than one person in your household gets ITSAP, 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 ITSAP is non-transferable. You cannot give your ITSAP benefit to another person, even if they qualify.

You must give accurate and true information on this form and on all ITSAP related forms or questionnaires. If you give false or fraudulent information, you will lose your ITSAP 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 Idaho Telephone Service Assistance Program, fill out every section of this form and return to:

Return this form to:
RECORDS/MASS MKTS - 02-RM234
LUMEN TECHNOLOGIES
5325 ZUNI ST
DENVER CO 80221

FAX: 866-810-7530
CUSTOMER SERVICE: 800-244-1111
EMAIL: TAPCenter@Centurylink.com

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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	
<div></div>	
First	
<div></div>	<div></div>
Middle (Optional)	
Suffix (Optional)	
<div></div>	
Last	
What is your phone number (if you have one)?	
<div></div>	<div></div>
What is your date of birth?	
<div></div>	<div></div>
Month	Day
Year	
What is your email address? (if you have one)?	
<div></div>	
What are the last four numbers of your Social Security Number (SSN)?	
<div></div>	
If you do not have a SSN, what is your Tribal Identification Number?	
<div></div>	
What is the best way to reach you?	
<input type="checkbox"/> email	<input type="checkbox"/> phone
<input type="checkbox"/> text message	<input type="checkbox"/> mail

What is your home address? (The address where you will get service. Do not use a P.O. Box)		
<div></div>		<div></div>
Street Number and Name		Apt, Unit, etc.
<div></div>	<div></div>	<div></div>
City	State	Zip Code
What is your mailing address? (Only fill this out if it is not the same as your home address.)		
<div></div>		<div></div>
Street Number and Name		Apt, Unit, etc.
<div></div>	<div></div>	<div></div>
City	State	Zip Code

3.

Qualify through your income:

Qualify for
the Idaho
Telephone
Service
Assistance
Program
(ITSAP)

Fill out this section to
show that your
household qualifies for
the Idaho Telephone
Service Assistance
Program.

You can qualify
through your income if
it is at or below 135%
of the Federal Poverty
Level.

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 135%		
<input type="checkbox"/> 1	\$21,127.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 2	\$28,552.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 3	\$35,977.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 4	\$43,402.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 5	\$50,827.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 6	\$58,252.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 7	\$65,677.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 8	\$73,102.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> If more than 8, add this amount for each extra	\$7,425	<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

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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 135% 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 Idaho Telephone Service Assistance Program (ITSAP) anymore, including:

1) I do not qualify through the income guidelines.

2) I get more than one ITSAP benefit.

Initial

I know that my household can only get one ITSAP benefit and, to the best of my knowledge, my household is not getting more than one ITSAP 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 ITSAP 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 ITSAP Benefit, I understand that I must respond by the deadline or I will be removed from the ITSAP Program and my ITSAP 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