

# Minnesota Telephone Assistance Program Application Form



## 1. About the Minnesota Telephone Assistance Program (MTAP)

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

### Rules

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

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

You must give accurate and true information on this form and on all MTAP related forms or questionnaires. If you give false or fraudulent information, you will lose your MTAP 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 participation in any aid program. You must submit copies of your official documents with this application.

Provide a copy of one of the following:

1. A copy of a program award letter or government agency document containing your name, your address, the program name and the **effective date of the award**. (Qualifying programs shown below.)
2. Only program cards that display your name, your address or state, program name and effective date will be accepted.
3. Income:
  - a. Last year's Federal or State Income Tax Return
  - b. Current Annual Income Statement from Employer
  - c. Paycheck stubs or other official document containing income information for any three consecutive months within the last twelve months
  - d. Social Security Statement of Benefits
  - e. Veteran's Administration Statement of Benefits
  - f. Retirement or Pension Statement of Benefits
  - g. Unemployment or Worker's Compensation Statement of Benefits
  - h. Letter of Participation in General Assistance
  - i. Divorce Decree or Child Support Documentation containing income information
  - j. Bank Statement is not valid proof of income.

### Apply

To apply for a Minnesota Telephone Assistance Program, fill out every section of this form and return it and proof of eligibility 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](mailto: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

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 four 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

### 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

### 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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## Qualify for the Minnesota Telephone Assistance Program (MTAP)

Fill out this section to show that you, your dependent, or someone in your household qualifies for Lifeline

You can qualify through some government assistance programs or through your income (you do not need to qualify through both).

### Qualify through a government program:

Check all programs that you or someone in your household have:

- ☐ Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)
- ☐ Supplemental Security Income (SSI)
- ☐ Medicaid
- ☐ Federal Public Housing Assistance (FPHA)
- ☐ Veterans Pension or Survivors Benefit Programs

Tribal Specific Programs

- ☐ Bureau of Indian Affairs (BIA) General Assistance
- ☐ Tribal Temporary Assistance for Needy Families (Tribal TANF)
- ☐ Food Distribution Program on Indian Reservations (FDPIR)
- ☐ Tribal Head Start (only households that meet the income qualifying standard)

### Qualify through your income:

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

The Federal Poverty Guidelines are typically updated at the end of January.  
135% 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 Minnesota Telephone Assistance Program (MTAP) anymore, including:

1) I do not qualify through the program or income guidelines.

2) I get more than one MTAP benefit.

  
Initial

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