



LIFELINE/LINK-UP ASSISTANCE APPLICATION

Please Print:

Name: _____
Last First M.I.

Address: _____
Street Apt. No.

City: _____
City State Zip Code

Social Security Number: _____

Telephone Number (if existing service): _____

Can be Reached Number (if new service): _____

*Please include
(Area code + 7 digit number)*

I am applying for: Lifeline (monthly telephone service discount)
 Link Up (telephone connection charge discount)
Note: Telephone service MUST be in applicant's name.

I qualify for Lifeline/Link Up assistance because (check all that apply):

- I participate in Medicaid.
- I participate in the Food Stamps program.
- I receive Supplemental Security Income (SSI).
- I receive Federal Public Housing Assistance.
- I receive Low Income Housing Energy Assistance.
- I participate in the Temporary Aid to Needy Families (TANF) program.
- I participate in the National School Lunch (NSL) free lunch program.
- My household income is at or below 135% of the Federal Poverty Guidelines.
(documentation required)

I agree to notify Long Lines when I no longer qualify based on the above criteria.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE. I understand that I must meet at least one of the above qualifications to receive Lifeline/Link Up assistance on my primary residential telephone line.

Signature

Date

Please mail completed forms to:
Long Lines, PO Box 67, Sergeant Bluff, IA 51054
or drop off at any Long Lines Retail Store