

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:

Or fax to:

Michigan Lifeline Discounts Application Form

2. 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

2. 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

Michigan Lifeline Discounts Application Form

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 |
| Add \$6,630 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

150% of the 2019 Federal Poverty Guidelines