

# How to Qualify

You can qualify if at least one member of your household is enrolled in any of the public assistance programs listed in Section 2 on the reverse side or meets the income eligibility requirement.

## ACCEPTABLE PROGRAM ELIGIBILITY DOCUMENTATION

- Current or prior year's statement of benefits from qualifying state, federal or tribal program.
- A letter notifying the consumer of participation in qualifying state, federal or tribal program.
- Program participation documents such as the Supplemental Nutrition Assistance Program (SNAP) or Medicaid participation card.
- Another official document evidencing consumer participation in qualifying state, federal or tribal program.

## ACCEPTABLE FORMS OF INCOME ELIGIBILITY DOCUMENTATION

- Prior year state, federal or tribal tax return.
- A minimum of three consecutive paycheck stubs.
- A social security statement of benefits.
- Veteran's Administration statement of benefits.
- Retirement/pension statement of benefits
- Unemployment/workmen's compensation statement of benefits.
- Federal or tribal notice letter of participation in General Assistance
- A divorce decree, child support award or other official document containing income information.

## ENROLLMENT CHECKLIST

- All boxes are filled in and the form (on reverse) is initialed and signed.
- Enclosed proof of eligibility.
- Enclosed copies of two forms of identification (proof of date of birth and Social Security number).

## REMEMBER TO RENEW EACH YEAR

If you are an existing Enhanced Lifeline participant, you must renew each year to continue getting the Enhanced Lifeline discounts. You will be mailed a renewal form in an ORANGE envelope. Complete, sign and submit the form before the due date.

If you do not renew your participation, you will lose your Enhanced Lifeline discount and will be charged the regular rates for basic phone service.

If you miss the chance to renew during our Recertification Process in February, simply start the application process over again by calling our office or apply online.



## Questions?

Call our office at 1.800.332.1201.



# Hello Savings!

Significant discounts on your home or mobile phone with

## Lifeline

Telephone Assistance Program

Apply via the form on the reverse side or at [www.itstriangle.com/assistance-programs](http://www.itstriangle.com/assistance-programs)

 TRIANGLE  
COMMUNICATIONS

### Triangle Communications Lifeline Application

Initial Lifeline Application (must include proof of eligibility)  Annual Lifeline Recertification (must be returned within 30 days)

I am requesting the discount on my  Triangle Landline Service  Triangle Mobile Service

**Initial Application Only:** If you have Lifeline (free or reduced phone service) with another company, do you give Triangle permission to transfer the Lifeline service? *You will lose the discount with the other company.\**  Yes, transfer my Lifeline service  No, do not transfer my Lifeline service  I do not currently have Lifeline with another company

#### SECTION 1 - Applicant Information

The Applicant is the person who has telephone service with the telephone company.

First Name*	Middle Name/Initial	Last Name*
Date of Birth*	Last 4-Digits of SSN or Tribal ID #	Phone Number
Residential Street Address (No PO Boxes)*	City*	State*
Unit #	Zip Code*	Email Address

Is your residential address permanent?\*

Is your address on federally recognized Tribal lands?

Mailing Address (if different)	City	State	Zip Code
Unit #	Date of Birth	Last 4-Digits of SSN or Tribal ID #	Relationship to Applicant

Eligible Person's Information. Only complete this part if the person who qualifies for Lifeline is not the Applicant.

First Name	Last Name	Date of Birth	Last 4-Digits of SSN or Tribal ID #	Relationship to Applicant
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#### SECTION 2 - Eligibility Information

I certify that I, my dependent, or my household receives assistance from at least one of the programs listed below, or that my total household income is at or below 135% of the Federal Poverty Guidelines.

All eligible applicants

- Federal Public Housing Assistance or Section 8
- Low Income Home Energy Assistance Program (LIHEAP)
- Medicaid
- National School Lunch free lunch program
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Temporary Assistance For Needy Families (TANF)
- Total Household Income at or below 135% of the federal poverty guidelines

If you checked Total Household Income above, provide the number of people in your household.

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2016 135% of the Federal Poverty Guidelines (annual household income before tax)

1 person up to \$16,038 per year	2 people up to \$21,627	3 people up to \$27,216
4 people up to \$32,805	5 people up to \$38,394	6 people up to \$43,983
7 people up to \$49,586	Add \$5,616 for each extra person	

Applicants who live on Federally Recognized Tribal lands only

- BIA General Assistance
- Food Distribution Program on Indian Reservations (FDPIR)
- Head Start (income eligible only)
- Tribal TANF

#### SECTION 3 - Certification

By initialing each line below, I certify, under penalty of perjury, that\*:

\*My household receives only one Lifeline-supported service, and to the best of my knowledge, no one in my household receives Lifeline from another telephone company. I understand that I must notify the telephone company within 30 days if: (1) I move to a new address, (2) I, or the eligible person in my household, no longer meets the program or income eligibility criteria, (3) my household receives more than one Lifeline discounted telephone, or (4) my household, for any reason, no longer meets the criteria to receive Lifeline support, and that I may be penalized for failing to make the above notifications.

\*I give the telephone company permission to release to the Universal Service Administrative Company (USAC) or its agent any records required to confirm that my household only receives one Lifeline benefit. If USAC finds that my household receives more than one Lifeline benefit, USAC will notify the telephone companies, and I will have to select one service and I will be de-enrolled from the other.

\*I understand that I must recertify my Lifeline eligibility every year and that I will lose my Lifeline benefit if I do not recertify each year.

\*I understand that Lifeline is a government program and I may be punished if I knowingly provide false or untrue information to receive Lifeline. Punishment may include being fined, imprisoned, or barred from the Lifeline program.

By signing below, I certify, under penalty of perjury, that the above information is true to the best of my knowledge.

Signature*	Date*
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Send the completed form to:

MAIL: Triangle Communications PO Box 1140, Havre, MT 59501 EMAIL: [lifeline@itstriangle.net](mailto:lifeline@itstriangle.net) FAX: 406-394-2147

Lifeline is a federal benefit that makes monthly telephone service more affordable for eligible households. Your household may receive Lifeline on one wireless OR one home telephone, but not both. Your household may not receive the Lifeline benefit from more than one telephone company. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income or expenses. You may not transfer your Lifeline discount to another person, even if he or she is eligible. You may lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive Lifeline.