

Tennessee Regulatory Authority

Link-up/Lifeline Application

Consumer Services Division

460 James Robertson Parkway, Nashville, TN 37243

1-800-342-8359 615-741-8953 (fax)

Applicant's Name _____ Social Security Number _____

NOTE: Telephone service will be placed in the name of the applicant that qualifies for Link-up and or Lifeline Assistance if service is not already in applicant's name.

Address, City & Zip Code _____ County _____

Your request is for which of the following. Please check one:

_____ New/Transferred Telephone Service OR FOR YOUR _____ Existing Telephone Service

What is your existing or assigned telephone number? (Include AREA CODE) _____

Who is your local telephone company? _____

Applicant's Source of Income. State the Gross Income received from each. Attach the verification that supports the gross income you receive from each source. For example, if you receive \$400 from Social Security, please attach a copy of your awards letter from Social Security, copy of check, bank statement showing direct deposit, etc. If employed, please attach three (3) months of pay stub payments.

(A) \$ _____ Social Security/Social Security Disability

(C) \$ _____ Pension

(B) \$ _____ Interest Payment

(D) \$ _____ Employment Payment

(E) Applicant's Total Gross Monthly Income (Add A thru D to get this total) \$ _____

Number of Persons in Your Household (counting yourself) _____

(If Applicable) Not including you, please list the following information for all other household members:

Full Name	Date of Birth	Amount of Income Contributed to Household	Source of Income
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(F) _____

(G) _____

(H) Total Gross Monthly Household Income (Add E thru G to get this total) _____

I certify, under penalty of perjury, that I am a current recipient with total gross monthly household income that meets the current year poverty level guidelines and that the above individuals listed on this application represent the total number of individuals in my household. I will notify the Tennessee Regulatory Authority (TRA) when my total gross monthly household income no longer meets the current poverty level guidelines. I authorize the TRA or my telephone company or it's duly appointed representative to access any records required to verify these statements to confirm my continued participation. I authorize the source(s) of my total gross monthly household income to discuss with and/or provide copies to the TRA, if requested, to verify the incomes listed on this application and my eligibility for Lifeline and/or Linkup.

Applicant's signature _____ Date _____

(Optional) Please indicate your race. This information is for statistical purposes only and will not be used to determine your eligibility for these programs:

African-American American-Indian Caucasian Other

Do not write below this line

Approved/Denied By TRA	Date Approved/Denied	Link-up/ Lifeline	THM/TGI
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