



# AT&T Indiana Lifeline

**Now Lifeline makes phone service even more affordable.**

Because phone service is so important in today's world, AT&T Indiana believes everyone should have access to it. AT&T Indiana offers a discounted telephone service plan to make basic phone service even more affordable for qualified customers.

## Eligibility \*

- Food Stamps
- Medicaid
- Supplemental Security Income (SSI)
- Federal Public Housing/Section 8
- Low-income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance for Needy Families (TANF)
- National School Lunch Program (NSL) free lunch program
- Income at or below 135% of the federal poverty level. See chart below.

Household Size	Annual Income	Monthly Income
1	\$14,702	\$1,226
2	\$19,859	\$1,655
3	\$25,016	\$2,085
4	\$30,173	\$2,515
Each Additional Person - Add	\$5,157	\$430

## Benefits

- Discount on line connection: 50%
- Monthly discount on basic service over \$ 7.00
- Waiver of deposit for local service\*\*
- Optional toll restriction at no charge\*\*
- Optional blocking of 900/976 numbers
- Additional lines allowed\*
- Optional services available (e.g., Caller ID, Call Waiting, etc.)
- Optional blocking of pay-per-use (e.g., 3-Way Calling, etc.)

\* Lifeline plan benefits are only applicable on one phone line at the customer's principal place of residence.

\*\* Deposit waived on new local service only. If customer has outstanding toll debt, toll restriction required.

*Terms and conditions are subject to change without notice. Some service restrictions may apply.*

**Call 1-888-285-7983 for more information.**

**Call 1-800-980-4889 for TTY Service.**

Es importante que usted entienda esta información. Si usted no lee el idioma inglés, por favor llame al 1-800-910-1030 para hablar directamente con un representante bilingüe, o pida información a una de las organizaciones mencionada en este folleto.

# AT&T Indiana Lifeline Application

PLEASE READ CAREFULLY AND FILL OUT COMPLETELY

Name of Applicant \_\_\_\_\_ My home telephone number is:  
(last) (first) (middle initial) (include area code)  
( ) -

Home Address \_\_\_\_\_ My daytime telephone number is:  
(number) (street) (apartment #, if any) (include area code)  
(city or town) (state) (zip code) ( ) -

Please provide your Social Security Number

□□□ - □□ - □□□□

I am receiving assistance from:

- |   |   |
|---|---|
| <input type="checkbox"/> Food Stamps                          | <input type="checkbox"/> Federal Public Housing or Section 8 Assistance |
| <input type="checkbox"/> Medicaid                             | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Supplemental Security Income         | <input type="checkbox"/> National School Lunch – Free Lunch Program     |
| <input type="checkbox"/> Low-income Home Energy Plan (LIHEAP) |   |

Or

I am eligible because my income is within the guidelines and am providing the following photocopies that document my total household income. Please check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Prior year's state or federal tax return | <input type="checkbox"/> Veterans Administration Statement of Benefits                |
| <input type="checkbox"/> Paycheck stubs for most recent 3 months  | <input type="checkbox"/> Federal notice letter of participation in General Assistance |
| <input type="checkbox"/> Social Security statement of benefits    | <input type="checkbox"/> Unemployment/Workmen's Compensation statement of benefits    |
| <input type="checkbox"/> Divorce decree                           | <input type="checkbox"/> Retirement / pension statement of benefits                   |
| <input type="checkbox"/> Child Support document                   | <input type="checkbox"/> Current income statement from an employer                    |

Number of people living in household (required): Adults \_\_\_\_\_ Children \_\_\_\_\_

PLEASE READ AND SIGN THE FOLLOWING STATEMENT

I certify that

- My telephone service is listed in my name;
- The above address is my primary residence, not a second home or business;
- If, in the future, I no longer participate in at least one of the above programs, or if any of the information in this Application changes or no longer applies, I will notify AT&T Indiana at 1-888-285-7983; and
- I authorize AT&T Indiana or its duly appointed representative to access any records required to verify these statements in order to confirm my continued participation in the above plan.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fill out and mail the application to the address below:

AT&T Lifeline Indiana Plan, PO Box 4600 Waterloo, IA 50704-9719  
or fax application to 1-800-295-7495

For TTY Service call: 1-800-980-4889. For Spanish call: 1-800-910-1030

If you have a questions about AT&T Indiana Lifeline, call 1-888-285-7983