



Low-Income Telephone Assistance Program

Lifeline

Lifeline is a plan that assists qualified low income lowans by providing a monthly reduction on their telephone bill. This reduction varies by service provider and can range up to \$10. Please contact your local telephone provider for details. Effective July 29, 2011 you may only receive low-income assistance from one wireline or wireless telephone provider

NOTE:

Low-income telephone assistance does not cover the cost of a telephone or the cost of wiring inside your home.

Eligibility Requirements

To be eligible for assistance in either or both programs, you must meet income based criterion currently defined as at or below 135 percent of the Federal Poverty Guidelines **OR** participate in at least one of the following:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families Program (TANF)
- National School Lunch Program (NSL)

To Apply for Lifeline:

1. Complete the certification form and return it to your local telephone company's business office. This address can be found in your local telephone directory.
2. Apply when becoming certified for LIHEAP Assistance.
3. If you receive an eligibility verification form, complete and return it to your local telephone company within 30 days. Verification forms are mailed to randomly selected subscribers every year. Your telephone company may suspend your eligibility for low-income assistance if you do not return the form.

Questions?

Call Altatec at 200-1122

Alta Municipal Utilities
223 Main Street, Alta, IA 51002
Phone (712) 200-1122 Fax (712) 200-9600



Lifeline Rate Assistance Verification Form

Name _____ SSN _____

Address _____

City _____ State _____ Zip _____

I am currently receiving Low-income monthly telephone bill assistance (Lifeline) at the following:

Phone number: _____

Address: _____

I am currently participating in the following programs:

- _____ Medicaid (Title XIX/Medical, State Supplemental Assistance)
- _____ Food Stamps
- _____ Supplementary Security Income
- _____ Federal Public Housing Assistance Section 8
- _____ Low-Income Home Energy Assistance
- _____ Temporary Assistance to Needy Families Program
- _____ National School Lunch Program's Free Lunch Program
- _____ My income is at or below 135 percent of the Federal Poverty Guidelines

I agreed to notify the telecommunications carrier (Alta Municipal Utilities) if I cease to participate in any of the public assistance programs I checked above or if my income becomes greater than 135 percent of the Federal Poverty Guidelines.

I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive assistance from these programs.

Signature _____

Date _____