



Minnesota Telephone Assistance Plan (TAP) Application

TAP Application Checklist

You completed all portions of Step 1 Personal Information, without leaving any blanks or missing information.

In Step 2: Eligibility, you selected the program you participate in OR you selected income and provided the number living in the household.

The application includes a copy of the proof of eligibility selected in Step 2.

In Step 3: Certification, you wrote your two initials (first and last name initials) for each statement.

Step 4: Signature, you signed and dated the application.

You reviewed and completed the Lifeline Program Household Worksheet. This means you checked the appropriate boxes (on page 3 of 4) as well as initialed, signed, and dated (on page 4 of 4) the Household Worksheet pages.

If you are missing any of the above information, go back and complete the missing step.

If you checked all of the above, your application should be ready for review. Send the forms to TDS:

By Mail

TDS, PO BOX 5488, Madison WI, 53705

By Fax

You may fax your application to 1.608.830.5634

Telephone Assistant Plan (TAP) Application

All personal information is kept confidential. If your application is illegible or incomplete, your discounts will be delayed.

Step 1: Fill out information about the applicant.	
Name: _____	
Last Four Digits of Social Security Number OR Tribal ID Number: _____	Birthdate (MM/DD/YYYY): ____/____/____
Mailing Address: _____	City: _____ State: MN Zip code: _____
This is a temporary address. YES <input type="checkbox"/> NO <input type="checkbox"/> More than one family lives here. YES <input type="checkbox"/> NO <input type="checkbox"/>	
Billing Address (if different): _____	City: _____ State: ____ Zip code: _____
Telephone number where you can be reached: (____) _____ - _____	
Telephone company where you want discount: _____	
Telephone account number if you have service now: _____	

Step 2: Fill out either Eligibility Option 1 OR Eligibility Option 2	
Option 1: Program Eligibility	
Check the program you or a member of your household participate in and attach documentation.	
<input type="checkbox"/> Federal Public Housing Assistance (FPHA)	
<input type="checkbox"/> Medicaid/Medical Assistance (MA)	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	
<input type="checkbox"/> Supplemental Security Income (SSI)	
<input type="checkbox"/> Veterans Pension and Survivors Benefit programs	
Check the Tribal program you or a member of your household participate in and attach documentation.	
<input type="checkbox"/> Bureau of Indian Affairs General Assistance	
<input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR)	
<input type="checkbox"/> Tribally Administered Head Start (for those meeting income-qualifying standards)	
<input type="checkbox"/> Tribally Administered Temporary Assistance for Needy Families (TTANF)	
I live on tribal lands. YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name of program participant: _____	
The program participant is a member of my household. YES <input type="checkbox"/> NO <input type="checkbox"/>	
Option 2: Income Eligibility	
I do not participate in any of the programs listed in Eligibility Option 1. Instead, my gross yearly income is at or below 135% of the Federal Poverty Guidelines. Check whichever option best matches your household.	
<input type="checkbox"/> 1-person household with income at or below \$17,388	
<input type="checkbox"/> 2-person household with income at or below \$23,517	
<input type="checkbox"/> 3-person household with income at or below \$29,646	
<input type="checkbox"/> 4-person household with income at or below \$35,775	
<input type="checkbox"/> 5-person household with income at or below \$41,904	
<input type="checkbox"/> 6-person household with income at or below \$48,033	
<input type="checkbox"/> For each additional person, add \$6,129	
Attach one of the documents below.	
<ul style="list-style-type: none"> • Child support award/Divorce decree • Current pay stubs or other official documentation of income for the last three months • Last year's State, Federal, or Tribal tax return • Retirement/Pension benefits statement • Unemployment/Workers compensation statement • Veterans Administration benefits statement 	
How many people are living in my household? _____	
<input type="checkbox"/> I certify the number of people living in the household to be true.	
<input type="checkbox"/> I certify I have presented all income for all members of my household and myself.	

Initial each certification.

Step 3: You must initial each certification and sign this application.

I understand TAP is a state discount and is non-transferable.

Initial here: [Initial here]

I meet the income-based or program-based eligibility criteria for receiving TAP.

Initial here: [Initial here]

I will notify the service provider within 30 days if I no longer qualify for TAP, including: if I no longer meet the income-based or program-based support; if I am receiving more than one TAP benefit; and if another member of my household is receiving a benefit. A household is defined as any group of individuals who live together at the same

Initial here: [Initial here]

I will provide the new address to my service provider within 30 days if I move.

Initial here: [Initial here]

My household can only receive one TAP benefit, and my household is not already receiving a TAP benefit. A household is defined as any group of individuals who live together at the same address and share income

Initial here: [Initial here]

The information contained in my certification form is true and correct to the best of knowledge.

Initial here: [Initial here]

I acknowledge that providing any false or fraudulent information to receive TAP benefits is punishable by law.

Initial here: [Initial here]

I may be required to recertify my continued eligibility for TAP at any time, and my failure to certify as to my continued eligibility will result in de-enrollment and the termination of my TAP benefits.

Initial here: [Initial here]

I certify that I am seeking to qualify for TAP as an eligible resident of tribal lands and live on tribal lands.

If seeking to qualify as an eligible resident of tribal lands, initial here: [Initial here]

Step 4: You must sign this declaration under penalty of perjury.

By signing below, I declare under penalty of perjury that I understand and agree to all of the following:

- The information contained in this form is true and correct to the best of my knowledge.
- I will inform the company within 30 days if I no longer satisfy the criteria for receiving the discount.
- If I move to a new address, I will provide the company with that address within 30 days.

I do not receive more than one discount.

Applicant Signature (**Required**): _____ Date: _____

(Optional) If you designate an Authorized Representative for this application, this person must fill in this section to say they completed this form on your behalf and is willing to assist you in seeking telephone service discounts.

Print Authorized Representative Name: _____

Authorized Representative Signature: _____

Authorized Representative's Phone Number: (_____) _____ - _____ Date: _____

Questions? Please contact your telephone or broadband company.

- ✓ **Complete** application.
- ✓ **Attach** program participation or proof of income.
- ✓ **Contact** a company where you want the discount before submitting application for the proper mailing address.
- ✓ **Mail** application and income documents to your telephone company.
- ✓ The Minnesota Public Utilities Commission (MPUC) regulates the TAP program. If you have an issue with your telephone or broadband company, contact the MPUC at 651.296.0406 or 1.800.657.3782.

Minnesota Telephone Assistant Plan (TAP) Household Worksheet

About Minnesota Telephone Assistant Plan (TAP)

TAP is a benefit that lowers the monthly cost of phone or internet service (not both).

IMPORTANT:

You are only allowed to get one TAP benefit per household, not per person.

What this worksheet is for:

Use this worksheet if someone else at your address gets the Minnesota Telephone Assistant Plan (TAP). The answers to these questions will help you find out if there is more than one household at your address.

What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

Examples of one household:

- A married couple who live together are one household. They must share one TAP benefit.
- A parent/guardian and child who live together are one household. They must share one TAP benefit.
- An adult who lives with friends or family who financially support him/her are one household. They must share one TAP benefit.

Examples of more than one household:

- 4 roommates who live together but do not share money are 4 households. They can have one TAP benefit each, 4 total.
- 30 seniors who live in an assisted-living home are 30 households. They can have one TAP benefit each, 30 total.

Household expenses

A household shares expenses. Household expenses include, but are not limited to:

Food

Healthcare expenses

Cost of renting or paying a mortgage on your place of residence and utilities.

Income

Households share income. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, Veteran's Benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Minnesota Telephone Assistant Plan (TAP) Household Worksheet

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.	
<input type="text"/>	
First	
<input type="text"/>	<input type="text"/>
Middle (optional)	Suffix (optional)
<input type="text"/>	
Last	
What is your home address? (The address where you will get service. Do not use a P.O. Box)	
<input type="text"/>	
Street Number and Name	
<input type="text"/>	<input type="text"/>
Apt., Unit, etc.	City
<input type="text"/>	<input type="text"/>
State	Zip Code

Minnesota Telephone Assistant Plan (TAP) Household Worksheet

Can you apply for the Minnesota Telephone Assistant Plan (TAP)?

Follow this decision tree to confirm if you qualify for the TAP Program.

1. Do you live with another adult?

Adults are people who are 18 years old or older, or who are emancipated minors. This can include a spouse, domestic partner, parent, adult son or daughter, adult in your family, adult roommate, etc.

Yes

*If yes,
answer question 2*

No

2. Do they get TAP?

Yes

*If yes,
answer question 3*

No

3. Do you share money (income and expenses) with them?

This can be the costs of bills, food, etc., and income. If you are married, you should check yes for this question.

Yes

No

You do not qualify for TAP because someone in your household already gets the benefit. You are only allowed to get one TAP discount per household, not per person.

Check this box.

You can apply for TAP. You live in a household that does not get a TAP benefit yet. **Please initial** line **B** on page 4, **and sign** and date the worksheet.

Check this box.

You can apply for TAP. You live at an address with more than one household and your household does not get a TAP benefit yet. **Please initial** lines **A** and **B** on page 4, **and sign** and date the worksheet.

Check this box.

Minnesota Telephone Assistant Plan (TAP) Household Worksheet

Agreement

Please initial the agreement below and sign and date this worksheet. Submit this worksheet to your service provider with your Minnesota Telephone Assistant (TAP) Application Form.

Initial

A I live at an address with more than one household.

Initial

B I understand that the one-per household limit is a Federal Communications Commission (FCC) rule and I will lose my TAP benefit if I break this rule.

Signature

Today's Date