NORTHEAST MISSOURI RURAL TELEPHONE CO.
718 S West St
Green City MO 63545
874-4111

APPLICATION FOR MISSOURI LIFELINE SERVICES

Name: _____

Address: _____

_____

Telephone: _____

Missouri Lifeline service is available to qualifying low-income or disabled subscribers for single line residential service. A low-income customer is any customer who has been certified by the Department of Social Services (DSS) as economically disadvantaged. Qualified individuals can receive discounted services under either the low-income assistance or the disabled assistance program. Missouri Lifeline service for low-income assistance provides a monthly discount of $3.50 for telephone subscribers plus another monthly Federal matching discount of $1.75. A subscriber is eligible for the Missouri Low-income Assistance if any dependant of the household is receiving Missouri low-income assistance as defined below. Missouri Lifeline service for the disabled assistance program provides a monthly reduction from the basic local service rate for residential one-party service of $3.50. A subscriber is eligible for the Missouri Lifeline disabled assistance program if any dependant of the household has a disability and is receiving disability benefits as defined below.

Missouri Low-income Assistance:

By my signature below, I certify, under penalty of perjury, that I or a dependant of my household is receiving benefit from (*please check all that are applicable):*

____ Medicaid
____ Food Stamps
____ Supplement Security Income (SSI) – *this does NOT include Social Security retirement benefits*
____ Federal public housing assistance
____ Low Income Home Energy Assistance Program
____ Temporary assistance to Needy families (TANF)
____ National School Lunch program (NSL)

Missouri Disabled Assistance:

By my signature below, I certify, under penalty of perjury, that I or a dependant of my household is receiving benefit from:

____ Federal Social Security Disability (SSDI)
____ State Supplemental Disability Asst. payments
____ Veterans Administration Disability benefits
____ State Blind Pension
____ State Aid to Blind Persons

List the name(s) of the household member receiving the disability benefits:
_____
_____
_____

My signature also certifies that the premises at which the residence service is requested is my principal place of residence and only has one telephone line serving the premises. I understand that I must notify Northeast Missouri Rural Telephone Co. if I no longer participate in the program(s) checked above. Northeast Missouri Rural Telephone Co. has my permission to contact the program(s) listed above to verify my active participation in the program.

_____ _____ _____
Signature *Social Security Number* *Date*