

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

**APPLICATION FOR TELEPHONE FEDERAL LIFELINE SERVICES**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

Lifeline service is a Federal program which is available to qualifying low-income subscribers for single party residence service. Lifeline is a reduction in the monthly local service charges normally paid by the qualifying low-income subscriber. Eligible Lifeline subscribers will receive a total reduction of their basic local rate for residential one-party service of \$8.25. Lifeline must be certified annually. Lifeline does not help with toll charges.

**By my signature below, I certify, under penalty of perjury, that I am receiving benefit from (please check all that are applicable: (please provide proof or verification of the program/s that you are enrolled in. For example: a copy of your Medicaid card or a copy of your Food Stamp approval form, etc.)**

- \_\_\_ MO HealthNet (f/k/a Medicaid)
- \_\_\_ SNAP – Supplemental Nutrition Assistance Program (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 for Needy Families program (TANF)
- \_\_\_ National School Lunch (NSL) program
- \_\_\_ Bureau of Indian Affairs General Assistance
- \_\_\_ Tribal NSL
- \_\_\_ Tribal Head Start
- \_\_\_ Annual income is at or below 135% of the Federal Poverty Guidelines (must be accompanied by supporting documentation)

**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*

\_\_\_\_\_  
*Date*