

**UTAH TELEPHONE ASSISTANCE PROGRAM (UTAP)
LIFELINE/LINK-UP APPLICATION (Landline Only)**



APPLICANT NAME: (print) _____ Date: _____
Last First M.I.

ADDRESS: _____ APT. # _____ CITY _____ UT ZIP _____

YOUR TELEPHONE NO.: _____ TELEPHONE COMPANY: _____
(Landline only) Area Code Telephone Number Name of Telephone Company

Is the telephone service in the applicant's name? YES or NO . If no, whose name is it in? _____

If you do not currently have telephone service, you may be also eligible for LINK-UP which may give you discounts with connection and/or reconnection fees. Do you want to apply for LINK-UP? YES or NO . If YES, please leave a name and a telephone number where you can be reached or where a message can be retrieved so we can notify you if needed. Name of MESSAGE contact: (print) _____ MESSAGE #: _____
Area Code Telephone Number

INSTRUCTIONS: The applicant for service must be the head of the household or person in whose name the property or rental agreement resides. A household member must be someone living at the property. Fill in all answers in the questionnaire below. NOTE: If a household member is participating in any program listed in Part A, you do NOT need to fill out Part B; however, verifications may be required. After completing the application and attaching needed verifications **Mail to: Community & Culture/UTAP Program, 324 South State Street, Suite 500, Salt Lake City Utah 84111.**

Please check one of the boxes below if you or someone in your household receives one of the programs listed below. If you checked at least one item below, you do not need to complete Part B. **If no household member is participating in one of the programs listed below, complete Part B.**

| | | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------|
| PART A | <input type="checkbox"/> Home Energy Assistance (HEAT/HELP) | <input type="checkbox"/> Refugee Assistance | <input type="checkbox"/> General Assistance |
| <input type="checkbox"/> Work Toward Employment | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Food Stamps | |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> National Free School Lunch Program (not reduced) | <input type="checkbox"/> Public Housing Assistance | |
| <input type="checkbox"/> TANF (Temporary Assistance to Needy Families) | | <input type="checkbox"/> Head Start (income qualification standard only) | |

NAME: (print) _____ *SOCIAL SECURITY NUMBER: _____

OR *Print the name & social security number of person participating in one of the above programs.

Instructions for PART B below are on the reverse side.

**Social Security information will be kept strictly confidential; your application cannot be processed without it.*

PART B How many people live in your household? _____ List the monthly or annual income of all members of your household: (See the reverse side of this application for the income eligibility chart and a list of acceptable verification of income documentation.)

The required income documentation must be submitted with this application.

| Source or Income | Name(s) | *Social Security Number | Monthly \$ | Yearly \$ |
|------------------------------------------|------------------------------------|-------------------------|------------|-----------|
| Wages (before taxes) | | | | |
| Wages (additional wage earners) | | | | |
| Social Security (SSA, SSD or SSI) | | | | |
| Unemployment/Worker's Comp | | | | |
| Veterans Benefits | | | | |
| Pension/Retirement | | | | |
| Child Support/Alimony | | | | |
| Other (please explain) | | | | |
| Attach additional information if needed. | TOTAL All Household Amounts | | \$ | \$ |

DECLARATION: 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 Telephone Assistance (Lifeline and/or Link-Up) on my primary residential telephone line. I am responsible to notify UTAP if I am no longer eligible and I understand that I may have to repay the difference between the discounted and regular price.

APPLICANT NAME (Please print)

APPLICANT SIGNATURE

Instructions for Part B: First, look at the bottom chart to see if your telephone service provider (or the one you will use.) is one that participates in UTAP. Second, for those checking Part B, review the income chart below to determine if your household's total income is at or below the 135% poverty level for the number of people living in your household. If you qualify, then look at the adjacent table to find the types of documentation you will need to attach to this application. If you have special circumstances that are not listed, feel free to write an explanation, or call if you have questions. After you gather all the documents you need, make copies (copies will not be returned), complete and sign the application on the front side, apply appropriate postage, and mail the application along with all documents.

Mail to: Community & Culture/UTAP Program, 324 South State Street, Suite 500, Salt Lake City UT 84111.

Telephone: (801)538-8793 or Toll-Free (800)948-7540; Fax: (801)538-8615.

<http://housing.utah.gov/seal>

| For applicants checking Part B: 2008-09 Federal Poverty Guidelines (135% of Poverty Level) | | | | | | Acceptable types of income documentation include: |
|--------------------------------------------------------------------------------------------------|-------------------|------------------|-----------------------|-------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| House hold Size | Monthly Income | Yearly Income | House hold Size | Monthly Income | Yearly Income | |
| 1 | \$1,170 | 14,040 | 6 | \$3,195 | 38,340 | <ul style="list-style-type: none"> • Divorce Decree showing alimony or child support assignment • Office of Recovery Services child support statement • Pay check stubs for three consecutive months or current year-to-date earnings statement from an employer • Retirement/Pension benefit statement • Social Security benefit statement (award letter, automatic bank deposit, 1099 Form) • Tax returns: Prior year's state, federal or tribal • Unemployment/Worker's Compensation benefit statement • Veterans Administration benefit statement |
| 2 | \$1,575 | 18,900 | 7 | \$3,600 | 43,200 | |
| 3 | \$1,980 | 23,760 | 8 | \$4,005 | 48,060 | |
| 4 | \$2,385 | 28,620 | 9 | \$4,410 | 52,920 | |
| 5 | \$2,790 | 33,480 | 10 | \$4,815 | 57,780 | |
| Add \$405 a month for each additional household member. | | | | | | |

| Utah Telephone Companies Participating in UTAP | | | |
|-----------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------|--------------------------------|
| All West Communications | 435-783-4361 | Hanksville Telcom | 435-748-2223 |
| *Bear Lake Communications | 435-427-3331 | Manti Telephone | 435-835-3391 |
| Beehive Telephone Company | 435-663-0111 | Navajo (A Citizens Communications Co.) | 1-800-871-5581 |
| Carbon Emery Telcom Emery Telcom | 435-613-9605 | Qwest Communications | 1-800-244-1111 |
| CentraCom Interactive Telephone | 435-427-3331 | *Skyline Telephone Co. | 435-427-3331 |
| Direct Communications-Cedar Valley | 801-789-8120 | South Central Communications | 435-826-4211 |
| Frontier (A Citizens Communications Co.) | 1-800-921-8101 | Uintah Basin Telephone Assoc. (UBTA) & (UBET) | 435-646-5007 |
| Gunnison Telephone Company | 435-528-7236 | Union Telephone | 307-782-6131 1-800-646-2355 |
| *Part of CentraCom Interactive | | | |
| If your telephone company is not listed above, ask what discount programs they may have available for low income customers. | | | |

'YOUR' RIGHTS
 You will be notified by mail only if your application is a 'Link Up' (no phone yet), or if your application is denied. If your application is denied, you have the right to a Fair Hearing. Within 10 days of notification you must send a written notice.
Mail to:
 Division of Public Utilities
 160 East 300 South, 4th Floor
 Salt Lake City UT 84111