



"We keep you talking"

PO Box 1401, Chicago Heights, IL 60411 Tel. (877) 567-3722 Fax (708) 756-7721

Application for **Life-Line & Link-Up** Home Telephone Service Self Certification Form-Program Based Eligibility

I hereby certify that I participate in a minimum of one of the following programs:

- Medicaid**
- Food Stamps**
- Low Income Home Energy Assistance Program (LIHEAP)**
- Federal Public Housing**
- Supplemental Security Income (SSI)**
- Temporary Assistance for Family Needs (TANF)**
- National School Lunch Program's Free Lunch**

I authorize MTI or its duly appointed representative to access any records required to verify these statements to confirm my continued participation in the above programs. I authorize representatives of the above programs to discuss with and/or provide copies to my local telephone company, if requested by the company, to verify my participation in the above programs and my eligibility for Lifeline and Link-Up Telephone Service. I certify that I (we) have not utilized Link-Up at our existing address. I (we) affirm, under penalty of perjury, that the foregoing representations are true.

Packages (Select one)

Agent ID# _____

- Deluxe Package**
 - Unlimited local calling (30 miles)
 - 600 Minutes of Local Toll/Long Distance. (30 miles or more)
 - Call Waiting
 - Caller I.D. with Name
 - *\$39.79 plus taxes and fees
- Supreme Package**
 - Unlimited local calling (30 miles)
 - 600 Minutes of Local Toll/Long Distance. (30 miles or more)
 - Call Waiting Deluxe
 - Caller I.D. Deluxe
 - Call Return (*69)
 - 3 Way Calling
 - Repeat Dialing
 - Call Forwarding
 - *\$44.79 plus taxes and fees

PLEASE PRINT

Applicant's Name: _____ (First) _____ (Last) _____ SSN or Public Aid # _____

Service Address: _____ (Apt. or Unit) _____

City: _____ State: _____ Zip: _____

Do you have a working line in your home you would like us to assume? If so write here (_____) _____
Please note: We can not take over a phone line if your existing service is with Comcast, RCN, U-Verse or any line that has High Speed Internet (DSL.) Area Code

Contact Number: (_____) _____ Area Code

Applicant's Signature: _____ (Sign Here) Date: _____

This certification is good for up to one year from the date of signing. This certification must be updated annually to avoid program termination.

Please read and initial ALL points below

- ____ I understand that by signing this form telephone services will be established in my name at the above address and that I must call MTI to receive my new phone number and connection date.
- ____ I understand that when I receive a bill that means my services are connected and therefore I am responsible for payment of services. If I receive a bill and I do not have telephone services. I will call MTI to schedule a technician to connect my services.
- ____ I understand that if services are connected and I do not follow up with MTI regarding connection that I will still be responsible for any accrued charges.
- ____ I understand that **ONLY** the first 30 days of service are free and I will receive a bill within 2-5 business days when service are complete to prepay for the next months service.

"Call MTI 3 days after faxing application to obtain telephone number and due date."

PLEASE REFER ALL QUESTIONS/COMPLAINTS TO (877) 567-3722

Operators are available to take your call Monday through Friday 9:00 AM to 5:00 PM

*prices, plans and promotions are subject to change



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