

MINNESOTA TELEPHONE DISCOUNT APPLICATION TELEPHONE ASSISTANCE PROGRAM (TAP)

Send Completed Application and Income Documents to:

Consolidated Communications Inc.
Attn: Residential Customer Care
PO Box 3248; Mankato, MN 56002-3248

Consolidated Communications offers *Telephone Assistance Program (TAP)*, a state-funded discount program that helps reduce the cost of monthly telephone service. The credit is applicable on the home telephone number listed in the applicant's name and is limited to one benefit per household. The TAP program helps customers who have incomes at or below 135% of the federal poverty guidelines or who receive assistance from any of the participating programs listed in Section B.

INSTRUCTIONS

Section A and E: Must be completed by ALL applicants.

Section B: Complete this section ONLY if you participate in one of the programs listed in Section B.

Section C and D: Complete these sections ONLY if you did NOT complete Section B.

A. Applicant Information				
The applicant must be a CONSOLIDATED COMMUNICATIONS customer and 18 years of age or older				
Name: Last	First	M.I.		
Residential Address (Street Address – No Post Office Box)				
City	State	Zip	<input type="checkbox"/> Is this a temporary address? If Yes, Company will attempt to verify address every 90 days.	
Billing Address: (if different from street address)				
Phone Number / Account Number:			Alternative Contact Number (Optional):	
Date of Birth:			Last Four Digits of Social Security Number:	
Email Address (Optional):				
How many people reside in your household? _____			No. of Dependents (including self) _____	

B. Eligibility Based on Program Participation

If you participate in one of the following programs, you may be eligible for TAP – please put an “X” by all programs that apply to you. You must include proof of program participation to verify eligibility. (If you select a program proceed to Section E).

- _____ Supplemental Security Income (SSI)
- _____ Medicaid/Medical Assistance
- _____ Supplemental Nutrition Assistance Program (SNAP)

- _____ Veteran’s Pension or Survivor’s Pension Benefit
- _____ Federal Public Housing Assistance/Section 8

C. Eligibility Based on Household Income

If you do not participate in one of the programs listed under “B” above, you may qualify if your **HOUSEHOLD Income** is 135% or less than the Federal Poverty Guidelines. The guideline is based on your household size. The table below reflects 135% of the 2026 Federal Poverty Guidelines.

Family Size	Annual	Family Size	Annual
1	\$ 21,546.00	5	\$ 52,218.00
2	\$ 29,214.00	6	\$ 59,886.00
3	\$ 36,882.00	7	\$ 67,554.00
4	\$ 44,550.00	8	\$ 75,222.00
		For each additional person, add \$7,668	

Please provide proof of all income (both taxable and non-taxable) for you and anyone in your home that is not a dependent. You may use the following documents:

Prior Year state or federal tax return	W-2	Employment Income Statement
Federal documentation of participation in General Assistance	Unemployment/Worker’s Comp. Statement of Benefits	Retirement/Pension Statement of Benefits
Property Tax/Rent Rebate Form	Veterans Admin. Statement of Benefits	Social Security Statement of Benefits
Divorce Decree	Paycheck Stubs (last 3 months)	Child Support documents

PLEASE CHECK all that applies and submit copies to CONSOLIDATED COMMUNICATIONS **(DO NOT SEND ORIGINAL DOCUMENTS)**

If you are enrolling based on income, you must complete Section D below.

D. ADDITIONAL MEMBER OF HOUSEHOLD

If you completed Section C, you must complete the following information as well.

Is there anyone living in the home that is not a dependent of the applicant? YES NO
(If No, proceed to Section E)

If Yes, please print all such household members below and provide proof of income as stated in Section C.

Name: Last	First	M.I.	Relationship to Applicant
Name: Last	First	M.I.	Relationship to Applicant
Name: Last	First	M.I.	Relationship to Applicant

FOR OFFICE USE ONLY – METHOD OF VERIFICATION

Database Queried: _____ OR Program Documentation:	Date of Verification:
Database Queried: _____ OR Program Documentation:	Date of Verification:
Database Queried: _____ OR Program Documentation:	Date of Verification:

E. PLEASE READ THE FOLLOWING PROGRAM RULES AND SIGN

CONSOLIDATED COMMUNICATIONS is required by the Minnesota Public Utilities Commission, to verify your eligibility to participate in the TAP discount program.

To qualify for the TAP discount program you must certify the following statements are true and agree to abide by the program's rules. You must indicate your acknowledgement of each statement by initialing.

Only one TAP discount is allowed per household. A household is defined as any individual or group of individuals who are living together at the same address as one economic unit. An economic unit consists of all adult individuals contributing to and sharing in the income and expense of a household.

_____ I certify that the household in which I reside is not currently receiving more than one TAP discount.

_____ I agree not to transfer my TAP discount benefit to another person.

_____ I agree to notify CONSOLIDATED COMMUNICATIONS within 30 calendar days if I move to another address and provide the new address.

_____ I agree to notify CONSOLIDATED COMMUNICATIONS within 30 calendar days if I am no longer, for any reason, receiving benefits from the federal program which qualified me for the TAP discount program, or if my household income exceeds 135% of the Federal Poverty Guidelines, or if I am receiving more than one TAP benefit, or another member of my household is receiving a TAP benefit.

_____ I agree to participate in the certification of my continued eligibility in the TAP discount program on an annual basis or at any time. I acknowledge that failure to recertify would result in the termination of the TAP discount.

_____ I agree to allow CONSOLIDATED COMMUNICATIONS to exchange any necessary information with the appropriate federal or state agency to verify my eligibility to participate in the TAP discount program and I understand that my failure to

By signing this document, I certify, under penalty of perjury, to the items initialed above and that I understand the TAP program rules described above and agree to participate in the TAP program should I be eligible, that the information I have provided on this form is true and correct to the best of my knowledge and that providing false or fraudulent information to obtain this benefit will result in de-rollment and being barred from the TAP program and potential prosecution by the United States Government.

Signature: _____

Date: _____