Low-Income Telephone and Electric Discount Programs Enrollment Form (LITE-UP) For Questions, Call LITE-UP Texas toll-free at 1-866-454-8387

Full Name  
Address 1  
Address 2  
City, State Zip  

ABOUT THE PROGRAMS

The Telephone Discount Program
- Available to qualified low-income customers.  
- Also available if a resident member of your household is a recipient of a qualified program.  
- The Program can provide a discount up to $13.50 off your telephone bill.  
- Your discount will appear on the next telephone bill after your completed application and documentation have been approved.

The Electric Discount Program
- Available to qualified low-income customers.  
- The program can provide a discount on your electric bill if you live in an area where you have a choice of electricity provider.  
- The electric discount program is a five month program.  
- The discount will be on the May thru September bills ONLY, after your completed application and documentation have been approved.

Program Rules
- You must notify LITE-UP Texas in writing if you no longer qualify for the discount. Send notice to: LITE-UP Texas, 1779 Wells Branch Parkway, Suite 110B #357, Austin, TX 78728-7022.  
- You must notify LITE-UP Texas to report any change in address or telephone number.  
- You must provide a copy of your latest Telephone bill AND Electric bill with this application.  
  - Please submit photocopies of all documents, original documents will not be returned.  
- You must complete the applicable sections below as follows:
  - Section 1 – This section must be completed by the person in whose name the service is billed. The person in whose name the electric service is billed must reside at the service address for this electric service.  
  - Section 2 – If applying for the LITE-UP Program based on income, then your total household gross income must be at or below the applicable level indicated in the application:  
    - You must provide proof of income.  
    - This section must be completed by the person in whose name the telephone and/or electric service is billed.  
  - Section 3 - If the person receiving the Eligible Benefits is a different resident household member than the person whose name is on the telephone bill, then the resident household member receiving the benefits must complete and sign Section 3. If the benefit recipient is a minor child, then one of the minor child's parents must complete and sign this section for the minor child. The person receiving the eligible benefit(s) must provide proof that he/she participates in one of the eligible programs. Note: This is only applicable to Telephone Discounts.  
  - Section 4 – The person in whose name the telephone or electric service is billed must complete and sign this section.
SECTION 1 - Applicant Information

The person whose name is on the Telephone and Electric bills MUST fill out this section. The person in whose name the utility bills appear must live at the service address. For the Telephone discount ONLY, the qualifying resident member must live at the service address.

Name of Telephone Customer: _________________________________________________________
As it appears on your utility bill (please print)

Name of Electric Customer: _________________________________________________________
If different from above (please print)

Address: _________________________________________________________________________________

City: ___________________________________________, TX Zip Code: ____________________

Telephone Number: ( __ __ __ ) __  __  __ - __  __  __  __     Social Security Number: __  __  __ - __  __ - __  __  __  __

YOU MUST INCLUDE A COPY OF YOUR LATEST TELEPHONE AND ELECTRIC BILLS

SECTION 2 – Income Enrollment

If applying for the Discount Programs based on income, your total household gross income must be less than the requirements listed below.

**HOUSEHOLD SIZE – Total (Include all adults and children residing at this service address)**

Number of people living in your household: ___ ___

**HOUSEHOLD INCOME WORKSHEET**

Your total household gross annual income from all sources cannot exceed these guidelines:

<table>
<thead>
<tr>
<th>Number of persons in Household</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Household annual income - Telephone</td>
<td>$15,600</td>
<td>$21,000</td>
<td>$26,400</td>
<td>$31,800</td>
<td>$37,200</td>
<td>$42,600</td>
<td>$48,000</td>
<td>$53,400</td>
</tr>
<tr>
<td>Total Household annual income - Electric</td>
<td>$13,000</td>
<td>$17,500</td>
<td>$22,000</td>
<td>$26,500</td>
<td>$31,000</td>
<td>$35,500</td>
<td>$40,000</td>
<td>$44,500</td>
</tr>
</tbody>
</table>

**Income Source**  | **Dollar Amount**  | **PROVIDE PROOF OF HOUSEHOLD INCOME WITH THIS APPLICATION (provide all documents that apply)**

- Wages from Employment as shown on pay stub or W-2 Form
- Social Security
- Retirement Income
- Alimony or Child Support
- Unemployment or Worker's Compensation
- All Other Earnings

- Copy of most recent pay stub(s) from all employers covering the last two months (for all members of the household).
- Your most recently filed tax return (must be signed) or W-2,
- A signed letter from each employer indicating the level of your wage,
- Documentation of social security income, Copy of an unemployment form with eligibility dates,
- Copies of the two most recent unemployment checks
- Copy of the most recent bank statement showing direct deposit of income.
SECTION 3—Program Benefit Enrollment

<table>
<thead>
<tr>
<th>Enrollment in any of the programs listed below will qualify you for the telephone discount.</th>
<th>Enrollment in any of the programs listed below will qualify you for the Electric discount.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Stamps</td>
<td>Food Stamps</td>
</tr>
<tr>
<td>Medicaid</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Supplemental Security Income-SSI</td>
<td>Supplemental Security Income-SSI</td>
</tr>
<tr>
<td>Health Benefit Coverage under Child Health Plan (CHIP)</td>
<td>Health Benefit Coverage under Child Health Plan (CHIP)</td>
</tr>
<tr>
<td>Low-Income Energy Assistance Program - LIHEAP</td>
<td>Low-Income Energy Assistance Program - LIHEAP</td>
</tr>
<tr>
<td>Federal Public Housing Assistance</td>
<td>Federal Public Housing Assistance</td>
</tr>
<tr>
<td>Eligible Resident of Tribal Lands (please indicate which tribe):</td>
<td>Eligible Resident of Tribal Lands (please indicate which tribe):</td>
</tr>
<tr>
<td>Tribe Name</td>
<td>Tribe Name</td>
</tr>
</tbody>
</table>

**Benefit Recipient – Telephone Discount Only**

If the person receiving the Eligible Benefits listed above is a different resident household member than the person whose name is on the telephone bill, then the resident household member receiving the benefits must complete and sign Section 3. If the benefit recipient is a minor child, then one of the minor child’s parents must complete and sign this section for the minor child. The person receiving the eligible benefit(s) must provide proof that he/she participates in one of the eligible programs.

Name of Benefit Recipient: __________________________________________________________

Telephone Number: ( ___ ___ ) ___ ___ - ___ ___ ___ ___ ___ ___ Social Security Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ 

X ___________________________________________ Date: ____________________________

Eligible Benefit Recipient Signature

X ___________________________________________ Date: ____________________________

Parent’s Signature if Eligible Recipient is a Minor Child

YOU MUST PROVIDE PROOF OF PROGRAM PARTICIPATION WITH THIS APPLICATION

SECTION 4 – Declaration (please read carefully and sign)

The person in whose name the utility service is billed must complete and sign this section.

By signing this form, I state that the information I have provided in this application is true and correct. I understand that the information provided is subject to audit and investigation by the Public Utility Commission of Texas.

X ___________________________________________ Date: ____________________________

Applicant’s Signature

Mail completed application and required documentation to:
LITE-UP Texas
1779 Wells Branch Parkway
Suite 110B #357
Austin, Texas 78728-7022
USDA is an equal opportunity provider, employer and lender. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, or call 800-795-3272 (voice) or 202-720-6382 (TDD).

Hill Country Telephone Cooperative, Inc. borrows money from the Rural Utilities Service and is an equal opportunity provider and employer. Please contact us at 830-367-5333 or 800-292-5457 for any questions.