

LIFELINE ASSISTANCE APPLICATION

Certification form for landline service providers.

For wireless applications, please contact the provider directly.

To apply for Lifeline:

1. Complete Section A
2. Complete Section B OR Section C
3. Complete Section D, including signing and dating the form
4. Attach a copy of your most recent phone bill and documents showing proof of eligibility (per Section B or C below)
5. Return the application, bill and documents to your telephone service provider

A. PERSONAL INFORMATION

The person below MUST BE the same person listed on the telephone bill. Please remember to complete Section D on the reverse side.

Customer Name _____ Phone # w/ area code _____

Billing Address Street _____ Service Address _____

City State Zip _____ City, State, Zip _____

Date of Birth: Month _____ Day _____ Year _____ Last 4 digits of SSN (required) _____

Is service address temporary? (required) YES / NO

Is service address multi-household? (required) YES / NO

Only one Lifeline service is available per household. For purposes of the Lifeline program:

- A household is defined as any individual or group of individuals who live 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 expenses of a household.

A household may include related and unrelated persons, and may not receive Lifeline benefits from multiple providers.

Lifeline is a federal government assistance benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person.

B. PROGRAM-BASED ELIGIBILITY

Check all program(s) in which you or a household member are currently enrolled. You must provide proof of program participation. This could include a copy of your benefit ID card, a copy of an eligibility letter from an authorized agency or prior year's statement of benefits. (**Do not send original documents.** Documentation will NOT be returned)

Food Stamps/SNAP

Medicaid

Federal Public Housing Assistance (FPHA)

Veterans Pensions and Survivors Benefit Programs

Supplemental Security Income (SSI) (Not the same as Social Security Benefits)

Enhanced Lifeline benefits are available to qualifying consumers who live on Tribal lands.

C. INCOME-BASED ELIGIBILITY

Household size	Yearly income @ 135% of FPG*	Household size	Yearly income @ 135% of FPG*
1	\$16,038	5	\$38,394
2	\$21,627	6	\$43,983
3	\$27,216	7	\$49,586
4	\$32,805	8	\$55,202

If you have more than 4 people in your household, write the number and add \$5,346 for each additional person to the yearly income (above \$31,118).

*The US Department of Health & Human Services updates the federal poverty guidelines annually. Figures above use 2016 data.

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Calculate the TOTAL household income by reporting the income of all adult persons in your household in the appropriate category:

Income Source	Amount of Income
Income from prior year's State or Federal tax return	_____
OR	
Social Security; retirement income	_____
Alimony or Child Support	_____
Wages	_____
Unemployment; Worker's Compensation	_____
Total	_____

You must attach proof of income as reported above. Examples include your prior year's State or Federal income tax return OR most recent statement(s) from each type of current income sources noted above:

- Three months' worth of your most recent paycheck stub(s)
- Unemployment/Workmen's Compensation statement of benefits from all employers • Child Support documentation
- Social Security statement of benefits • Federal or Veterans Administration statement of benefits (general assistance or retirement/pension) • Divorce decree

(Please send copies, not original documents. Documentation will NOT be returned)

D. SIGNATURE (This section must be filled out completely)

Please read the following statements, initial by each certification, and sign below. [Disclosure Statement: Perjury and false statements are punishable by fine and/or imprisonment under Title 18 of the U.S. Code.]

By initialing below, I certify under penalty of perjury, to each and every one of the following:

- _____ 1. I meet the income-based or program-based eligibility criteria for receiving Lifeline & have provided documentation of eligibility;
- _____ 2. I will notify the carrier within 30 days if, for any reason, I no longer satisfy the criteria for receiving Lifeline including if I no longer meet the income-based or program-based criteria for receiving Lifeline support, if I am receiving more than one Lifeline benefit, or if another member of my household is receiving a Lifeline benefit;
- _____ 3. If I move to a new address, I will provide that new address to the telephone company within 30 days;
- _____ 4. If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address every 90 days;
- _____ 5. My household will receive only one (1) Lifeline service, and, to the best of my knowledge, my household is not already receiving a Lifeline service;
- _____ 6. I acknowledge that I will be required to re-certify my continued eligibility for Lifeline annually, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits;
- _____ 7. I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law;
- _____ 8. I acknowledge that information from this certification will be given to the Universal Service Administrative Company (USAC) and/or its agents for purpose of verifying that my household does not receive more than one benefit.

By signing below, I affirm under the penalty of perjury that the information contained in the application and certification form is true and correct to the best of my knowledge.

Customer Signature

Date