

Lifeline Assistance Re-Certification Form

The information on this re-certification form is strictly confidential and will only be used to assess your continued eligibility for Lifeline Assistance.

SECTION I - Eligible Lifeline Subscriber Information

Name:

(Last) (First) (Middle)

Residential Address (cannot be a P.O. Box):

(Street) (City) (State) (Zip)

Check One: Permanent Address Temporary Address (must verify address every 90 days)

Billing Address (if different than Residential Address):

(Street) (City) (State) (Zip)

Telephone number or existing account number: _____

Date of Birth (mm/dd/yyyy): _____ Last 4 digits of Social Security #: _____

SECTION II - Eligibility Qualification

1.) Are you currently participating in any of the following programs? (check all that apply)

- Medicaid
- Supplemental Nutrition Assistance Program
- Supplemental Security Income
- Federal Public Housing Assistance Section 8
- Low-Income Home Energy Assistance Program
- National School Lunch Program's free lunch program
- Temporary Assistance for Needy Families

2.) Is your income at or below 150% of the Federal Poverty Guidelines? Yes No

If yes, how many persons are in your household? _____

150% above 2012 Federal Poverty Guidelines

Number of people living in home	Household Income (at or below)
1	\$16,755
2	\$22,695
3	\$28,635
4	\$34,575
5	\$40,515
6	\$46,455
7	\$52,395
8	\$58,335
*Each additional person	ADD \$5940

3.) Is anyone else in your household currently receiving any low-income assistance from any other wireline or wireless telephone provider? Yes No

SECTION III - Certification

By signing below, I certify under penalty of perjury the information contained within this certification form is true and correct to the best of my knowledge:

- I understand that Lifeline is a federal benefit and that willfully making false statement to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- I understand only one Lifeline service is available per household and understand that a household is not permitted to receive Lifeline benefits from multiple providers.
- I understand that a household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- I understand that violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in my de-enrollment from the program.
- I certify that no other individual in my household is currently receiving Lifeline-supported service and understand that violation of this requirement will result in de-enrollment from the program and could result in criminal prosecution.
- I understand that Lifeline is a non-transferable benefit and I may not transfer my benefit to any other person.
- I agree to notify my telecommunications provider within 30 days if I no longer meet the income-based or program based criteria for receiving Lifeline support or if I find that I am receiving more than one Lifeline benefit or another member of my household is receiving a Lifeline benefit. I may be subject to penalties if I fail to do so.
- I agree to notify my telephone provider within 30 days if I move to a new address.
- I agree to provide documentation of my eligibility when required to do so.
- I understand that I may be required to re-certify my eligibility for Lifeline at any time and failure to re-certify my continued eligibility will result in de-enrollment and termination of Lifeline benefits.
- By participating in this government program, I agree to allow my personal information to be added to the national database. I understand that failure to comply will deny me the Lifeline benefit.
- I have read the information on this certification form and understand that I must meet the qualifications listed on this form to receive assistance from the program.
- I certify under penalty of perjury that I meet the eligibility criteria and the information that I populated in Section II - Certification of this form is correct.
- I understand completion of this certification form does not constitute immediate acceptance into the Lifeline program.

Signature: _____ Date: _____

Please return this certification form to your local telecommunications provider. Lifeline subscribers will receive a re-certification form annually from their local telecommunications provider and must return that form to their telecommunications provider within 30 days to ensure the continuation of Lifeline assistance benefits.

SERVICE PROVIDER USE ONLY

Telephone Number associated with Lifeline service: _____
 Initiation Date: _____ De-enrollment Date: _____

Lifeline Assistance Certification Form

The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance. Any documentation received will not be kept, shared or stored by the local telecommunications provider.

SECTION I - Applicant Information

Name:

 (Last) (First) (Middle)

Residential Address (cannot be a P.O. Box):

 (Street) (City) (State) (Zip)

Check One: Permanent Address Temporary Address (must verify address every 90 days)

Billing Address (if different than Residential Address):

 (Street) (City) (State) (Zip)

Telephone number or existing account number: _____

Date of Birth (mm/dd/yyyy): _____ Last 4 digits of Social Security #: _____

SECTION II - Eligibility Qualification

- 1.) Are you currently participating in any of the following programs? (*check and attach documentation for all that apply*)
- Medicaid
 - Supplemental Nutrition Assistance Program
 - Supplemental Security Income
 - Federal Public Housing Assistance Section 8
 - Low-Income Home Energy Assistance Program
 - National School Lunch Program's free lunch program
 - Temporary Assistance for Needy Families

- 2.) Is your income at or below 150% of the Federal Poverty Guidelines? Yes No
If yes, proof of income is required
 If yes, how many persons are in your household? _____

150% above 2012 Federal Poverty Guidelines

Number of people living in home	Household Income (at or below)
1	\$16,755
2	\$22,695
3	\$28,635
4	\$34,575
5	\$40,515
6	\$46,455
7	\$52,395
8	\$58,335
*Each additional person	ADD \$5940

- 3.) Are you or anyone else in your household currently receiving any low-income assistance from any other wireline or wireless telephone provider? Yes No

SECTION III - Certification

By signing below, I certify under penalty of perjury the information contained within this certification form is true and correct to the best of my knowledge:

- I understand that Lifeline is a federal benefit and that willfully making false statement to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- I understand only one Lifeline service is available per household and understand that a household is not permitted to receive Lifeline benefits from multiple providers.
- I understand that a household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- I understand that violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in my de-enrollment from the program.
- I certify that no other individual in my household is currently receiving Lifeline-supported service and understand that violation of this requirement will result in de-enrollment from the program and could result in criminal prosecution.
- I understand that Lifeline is a non-transferable benefit and I may not transfer my benefit to any other person.
- I agree to notify my telecommunications provider within 30 days if I no longer meet the income-based or program based criteria for receiving Lifeline support or if I find that I am receiving more than one Lifeline benefit or another member of my household is receiving a Lifeline benefit. I may be subject to penalties if I fail to do so.
- I agree to notify my telephone provider within 30 days if I move to a new address.
- I agree to provide documentation of my eligibility when required to do so.
- I understand that I may be required to re-certify my eligibility for Lifeline at any time and failure to re-certify my continued eligibility will result in de-enrollment and termination of Lifeline benefits.
- By participating in this government program, I agree to allow my personal information to be added to the national database. I understand that failure to comply will deny me the Lifeline benefit.
- I have read the information on this certification form and understand that I must meet the qualifications listed on this form to receive assistance from the program.
- I certify under penalty of perjury that I meet the eligibility criteria and the information that I populated in Section II - Certification of this form is correct.
- I understand completion of this certification form does not constitute immediate acceptance into the Lifeline program.

Signature: _____ Date: _____

Please return this certification form to your local telecommunications provider. Lifeline subscribers will receive a re-certification form annually from their local telecommunications provider and must return that form to their telecommunications provider within 30 days to ensure the continuation of Lifeline assistance benefits.

SERVICE PROVIDER USE ONLY

Telephone Number associated with Lifeline service: _____
 Initiation Date: _____ De-enrollment Date: _____