

## Lifeline Assistance Certification/Re-Certification Form

The information on this 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)

Residence 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 Residence Address):

(Street)

(City)

(State)

(Zip)

Telephone Number (newly assigned or existing number at this address): \_\_\_\_\_

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

I Can Be Reached At: \_\_\_\_\_

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

### SECTION II – Eligibility Qualification

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

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (FPHA)
- Veterans Pension and Survivors Benefit Program

When applying for Lifeline benefits based on program-eligibility, the certification form must be accompanied by the current or prior year's statement of benefits from a qualifying assistance program, a notice or letter of participation in a qualifying assistance program, program participation documents, or another official document demonstrating that you, one or more of your dependents or household receives benefits from a qualifying assistance program.

2. Is your income at or below 135% of the Federal Poverty Guidelines?  Yes  No (*review table below*)  
If yes, how many persons are in your household? \_\_\_\_\_

When applying for Lifeline benefits based on income level at or below 135% of Federal Poverty Guidelines, the certification form must be accompanied by one of the supporting documents:

- Current year's state or federal tax return
- Current income statements from an employer or paycheck stub
- A Social Security Statement of Benefits
- A Veterans Administration Statement of Benefits
- A retirement/pension Statement of Benefits
- An Unemployment/Workman's Compensation Statement of Benefits
- A divorce decree, or child support document

If you choose to submit anything other than a previous year's income tax return, you must then present three consecutive months of the alternate supporting documentation selected that is within the most recent twelve consecutive months.

**Estimated Income Requirements for a Household at or Below 135% of the Federal Poverty Guidelines**

<b>Persons in Family Unit</b>	<b>135%</b>
1	\$16,038
2	\$21,627
3	\$27,216
4	\$32,805
5	\$38,394
6	\$43,983
7	\$49,586
8	\$55,202
For each additional person, add	\$5,616

**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 assistance program and that willfully making false statement to obtain the benefit from the program 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 assistance 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 assistance program 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 Table Top Telephone Company. Lifeline subscribers will receive a re-certification form annually from Table Top Telephone Company and must return that form to Table Top Telephone Company within 30 days to ensure the continuation of Lifeline assistance benefits.**

**SERVICE PROVIDER USE ONLY**

Initiation Date: \_\_\_\_\_ De-enrollment Date: \_\_\_\_\_ Customer Service Rep: \_\_\_\_\_  
 Income/Program Doc Review Date: \_\_\_\_\_ Telephone number associated with Lifeline: \_\_\_\_\_