



Application for Lifeline Assistance

Billing Name _____

Service Address _____

City _____ State _____ Zip Code _____

Is your service address temporary? Check One: _____ YES _____ NO

Last Four Digits of Social Security Number _____ Date of Birth _____

Billing Address (if different from Service Address) _____

City _____ State _____ Zip Code _____

Telephone Number () _____ **(NOTE: If you do not currently have local phone service, please contact a local phone provider in your area to establish service.)**

Lifeline is a federal benefit. Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.

Only one Lifeline benefit is available per household. A household is not permitted to receive Lifeline benefits from multiple providers. This includes wireline and wireless providers.

Violation of the one-per-household limitation constitutes a violation of the Lifeline rules and will result in the subscriber's de-enrollment from the program.

Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

I hereby certify that I participate in the following public assistance program(s): **(Check all that apply)**

- Supplemental Nutrition Assistance Program (SNAP)/Food Stamps
- Medicaid
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (Section 8)
- Veteran's Pension and Survivor's Pension Program
- Bureau of Indian Affairs Programs (Tribal Temporary Assistance for Needy Families, Head Start Subsidy, NSLP) – Tribal Land Residents only

(OVER)

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. For example, apartments in an apartment building are usually unique households. Individuals living in a nursing home can be considered unique households. Answer the questions below to determine if there is more than one household living at your address.

<p>1. Does another adult (age 18 or older or emancipated minor) live with you <u>AND</u> have a Lifeline-discounted service or a “free” wireless Lifeline service? For example, husband, wife, domestic partner, parent, son, daughter, another relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.), a roommate, or another person.</p>	
<p><input type="checkbox"/> No. You are ELIGIBLE for Lifeline because no one in your household has Lifeline. Please certify and sign below.</p>	<p><input type="checkbox"/> Yes. Please answer question 2 below.</p>

<p>2. Do you share expenses for bills, food, or other living expenses <u>AND</u> share income (salary, public assistance benefits, social security payments or other income) with the person in question #1 that has a Lifeline-discounted services?</p>	
<p><input type="checkbox"/> No. You are ELIGIBLE for Lifeline because no one in your household has Lifeline. Please certify and sign below.</p>	<p><input type="checkbox"/> Yes. STOP. Do not sign the form. You are NOT ELIGIBLE because someone in your household already has Lifeline.</p>

Please initial each line to certify, that:

I will notify my Lifeline provider within 30 days if I no longer participate in a qualifying DCF assistance program, if I receive more than one Lifeline benefit, or if another member of my household is receiving a Lifeline benefit;

If I move to a new address, I will provide that new address to my Lifeline provider within 30 days;

My household will receive only one Lifeline benefit and, to the best of my knowledge, my household is not already receiving a Lifeline benefit;

The information contained in this application is true and correct to the best of my knowledge;

I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and,

I acknowledge that I may be required by my Lifeline provider to recertify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in disenrollment and the termination of my Lifeline benefits.

I understand that my name, telephone number, and address may be provided to the Universal Service Administrative Company (USAC) (the administrator of the program) and/or its agents for the purpose of verifying that my household does not receive more than one Lifeline benefit.

I agree to allow exchange of any necessary information between the local telephone company, the appropriate federal or state agency, or Universal Service Administrative Co., to verify my eligibility to participate in the Lifeline discount program. I give this permission on the condition that the information in this form and any information about my participation in the above public assistance programs provided by officials be maintained as confidential customer account information.

Customer's signature

Date

Please mail or fax this application to the telephone company that provides your service along with acceptable copies of documentation of program participation. Acceptable documentation of program eligibility would include: (1) the current or prior year's statement of benefits from a qualifying state, federal or Tribal program; (2) a notice letter of participation in a qualifying state, federal or Tribal program; (3) program participation documents (*e.g.*, the consumer's Supplemental Nutrition Assistance Program (SNAP) electronic benefit transfer card or Medicaid participation card (or copy thereof); or (4) another official document evidencing the consumer's participation in a qualifying state, federal or Tribal program.

<p>Access Wireless One Levee Way, Ste. 3104 Newport, KY 41071 Fax: 888-594-4473 Phone: 513-550-2755</p>	<p>AT&T Florida Lifeline PO Box 4600 Waterloo, IA 50704 Fax: (800)295-7495 Phone: (855)301-0355</p>	<p>CenturyLink CenturyLink Data Services 555 Lake Border Drive Apopka, FL 32703 Fax: (866)810-7530 Phone: (855)954-6546</p>	<p>Cox Communications Attn: Lifeline Services PO Box 620 Charleston, IL 61920-9905 Fax: (855)981-5433</p>
<p>FairPoint Communications Offline Services Group 30 East Main Street Westfield, NY 14787 Fax: (877) 321-3166 Phone: (800) 400-5568</p>	<p>Frontier Lifeline 1398 South Woodland Blvd. Suite A Deland, FL 32720 Fax: (844)452-6399</p>	<p>Global Connection Inc. of America P.O. Box 48269 Atlanta, GA 30362 Fax: 1-888-878-9323 (877)511-3009 www.realhomephone.com</p>	<p>ITS Telecommunications Attn: Customer Service P. O. Box 277 Indiantown, FL 34956 Fax: (772) 597-4155 Phone: (772) 597-2111</p>
<p>(Bay County Address) WOW! Internet, Cable & Phone 235 W. 15th Street Panama City, FL 32401 Fax: (850) 215-5800 Phone: (850) 215-2161</p>	<p>(Pinellas County Address) WOW! Internet, Cable & Phone 3001 Gandy Boulevard North Pinellas Park, FL 33782 Fax: (727) 576-4800 Phone: (727) 239-0234</p>	<p>NEFCOM P. O. Box 485 Macclenny, FL 32063 Fax: (904) 259-1200 Phone: (904) 259-2261 or (877)838-5695</p>	<p>Phone Club Corporation Ms. Priscila Wolff, President P.O. Box 908 Flagler Beach, FL 32136-0908 Phone: (786)777-0079 www.phoneclub.us</p>
<p>SafeLink Wireless/TracFone Lifeline/Free Cell Phone Dept. P. O. Box 220009 Milwaukie, OR 97269-0009 Fax: (800) 834-7713 Phone: (800) 977-3768</p>	<p>Smart City Telecom Attn: Customer Care P. O. Box 22555 Lake Buena Vista, FL 32830 Fax: (407) 828-6701 Phone: (407) 828-6700</p>	<p>TDS Telecom - Lifeline P. O. Box 608 Lancaster, WI 53813 Fax: (877) 271-2861 Phone: (888) 225-5837</p>	<p>Tele Circuit Network Tele Circuit Network Corp. 1815 Satellite Blvd Suite 504 Duluth, GA 30097 Fax: (877) 835-3788 Phone: (877) 835-3247</p>
<p>T-Mobile Lifeline Support PO Box 37380 Albuquerque, NM 87176-7380 Fax: (813) 348-5724 Phone: (800) 937-8997</p>	<p>Virgin Mobile d/b/a Assurance Wireless P.O. Box 686 Parsippany, NJ 07054 Fax: (877) 732-3018 Phone: (888) 898-4888</p>	<p>Windstream Florida 1720 Galleria Blvd. Charlotte, NC 28270 Fax: (704) 849-7000 Phone: (800)347-1991</p>	