

**LIFELINE ASSISTANCE APPLICATION  
Certification Form**

| Office Use Only                                  |                     |
|--|---------------------|
| Application ID                                   | _____               |
| Company Name                                     | Smithville Tel. Co. |
| Company Code                                     | 0818                |
| Customer provided following documentation: _____ |                     |
| Name of HH member enrolled in program: _____     |                     |
| Initials of reviewer: _____ Date: _____          |                     |

**Please verify your eligibility:**

1. Complete Section A Personal Information
2. Complete Section B **OR** Section C (reverse side)
3. Complete Section D if applicable (on reverse side)
4. **Initial, sign** and date the form in **Section E on the reverse side**
5. **Attach a copy of your most recent telephone bill and documents to support your eligibility**
6. **Mail the application, bill and documents** to Lifeline Administrator, 30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685

**A. PERSONAL INFORMATION**

The person below **MUST BE** the same person listed on the telephone bill. Please remember to complete Section E of the application on the reverse side.

Name \_\_\_\_\_  
Billing Address \_\_\_\_\_  
\_\_\_\_\_

Tel No. \_\_\_\_\_  
**SERVICE ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_**  
**(Required)**

- Check if service address is temporary**  
 **Check if service address is multi-household**

**Last 4 digits of SSN: \_\_\_\_\_**  
**(Required)**

*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. Only one Lifeline service is available per household. A household is defined, for the purposes of the Lifeline program, 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. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in de-enrollment from the program and, potentially, prosecution by the U.S. government. 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 is 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.)

|   |   |
|---|---|
| <input type="checkbox"/> Food Stamps/SNAP   | <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> Medicaid   | <input type="checkbox"/> Federal Public Housing Assistance (FPHA)           |
| <input type="checkbox"/> National School Lunch Program's Free Lunch Program                               | <input type="checkbox"/> Temporary Assistance to Needy Families (TANF)      |
| <input type="checkbox"/> Supplemental Security Income (SSI)<br>(Not the same as Social Security Benefits) |   |

**(Documentation will NOT be returned)**

**PLEASE SEE OTHER SIDE FOR INCOME-BASED ELIGIBILITY METHOD SECTION, BENEFIT TRANSFER SECTION AND SIGNATURE SECTION (REQUIRED!)**



**C. INCOME-BASED ELIGIBILITY**

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

| Income Source  | Amount | Household Size<br>You must<br>Circle One | Yearly Income<br>@ 135 % of Federal<br>Poverty Guidelines |
|--|--------|--|---|
| Prior year's State, Federal or Tribal tax return <b>OR</b>   |        |  |   |
| Social Security; Retirement income   |        |  |   |
| Alimony or Child Support   |        | 1  | \$15,890  |
| Wages  |        | 2  | \$21,506  |
| Bureau of Indian Affairs General Assistance  |        | 3  | \$27,122  |
| Unemployment; Worker's Compensation  |        | 4  | \$32,738  |
| If you have more than 4 people in your household, write the number and add \$5,616 for each additional person. |        | _____                                    |   |

**You must attach proof of income as reported above, examples include:**

- Prior year's State, Federal or Tribal tax return **OR**
- **Three consecutive months'** worth of your most recent paycheck stub(s) from all employers
- Most recent statement from each type of current income source(s) noted
- Social Security statement of benefits
- Veterans Administration statement of benefits
- Retirement/Pension statement of benefits
- Unemployment/Workmen's Compensation statement of benefits
- Child Support documentation
- Federal or Tribal notice letter of participation in Bureau of Indian Affairs General Assistance **OR**
- Divorce Decree

**(Documentation will NOT be returned)**

**D. LIFELINE DISCOUNT BENEFIT TRANSFER**

If you are currently receiving Lifeline from another provider and you wish to transfer your Lifeline discount to Smithville Tel. Co., you **MUST** initial the following statement.

\_\_\_\_\_ I authorize Smithville Tel. Co. to transfer any pre-existing Lifeline discount with a different provider to my Smithville Tel. Co. account, subject to all terms and conditions described in this application, understanding that only one Lifeline supported service is available per household. I realize that my pre-existing account may be subject to normal charges and fees until terminated by me.

**E. 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 signing 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, provided in 47 C.F.R. Section 54.409. I 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, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;
- \_\_\_\_\_ 3. **(Only if applicable)** If I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, I live on Tribal lands, as defined in 47 C.F.R. Section 54.400(e);
- \_\_\_\_\_ 4. If I move to a new address, I will provide that new address to the telephone company within 30 days;
- \_\_\_\_\_ 5. **(Only if applicable)** If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address every 90 days;
- \_\_\_\_\_ 6. 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;
- \_\_\_\_\_ 7. The FCC has ordered the creation of a National Lifeline Accountability Database. Smithville Tel. Co. must provide my name, date of birth, telephone number, residential address, the last four digits of my social security number (or Tribal ID), the amount of my discount, the dates of my service with Smithville Tel. Co. and the method by which I qualified to the database to ensure proper administration of the Lifeline program. Failure to provide consent will result in being denied Lifeline service.
- \_\_\_\_\_ 8. I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. Section 54.405(e)(4);
- \_\_\_\_\_ 9. I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law;
- \_\_\_\_\_ 10. The information contained in the application and certification form is true and correct to the best of my knowledge; and
- \_\_\_\_\_ 11. I acknowledge that information from this certification will be given to USAC and/or its agents for purpose of verifying that my household does not receive more than one benefit and that USAC may require additional information in order to verify my eligibility.

**X** \_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**Date**