



Dear Customer:

Long Lines participates in the Lifeline Telephone assistance program. Lifeline assistance is available if the subscriber, one or more of the subscriber's dependents or the subscriber's household receives benefits from one of the following qualifying federal assistance programs:

- Medicate (example, Title XIX/Medical State Supplement Assistance)
 - Supplemental Security Income (SSI)
 - Low-Income Home Energy Assistance Program (LIHEAP)
 - Federal Public Housing Assistance (Section 8)
 - Supplemental Nutrition Assistance Program (formerly known as Food Stamps)
 - Temporary Assistance to Need Families (TANF)
 - National School Lunch Free Lunch Program
- OR
- Individuals whose household income is at or below 135 percent of the Federal Poverty. Guidelines are also eligible for Lifeline assistance.

If you are eligible for Lifeline assistance under any of the programs listed above, please complete the enclosed application.

If you qualify for Lifeline assistance based on household income please complete the enclosed **application** and **Income certification Form**, attach the required documentation* and return it to our office in the enclosed envelope.

*Documentation of Income eligibility includes the previous year's state or federal tax return, a current income statement from an employer or paycheck stub, a Social Security statement of benefits, or other such official documents. If your documentation does not cover an entire year, please provide three consecutive months' worth of the same type of document. Please note that income is all income actually received by all members of the household. Income includes salary before deductions for taxes, public assistance benefits, Social Security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts and lottery winnings. The only exceptions are student financial aid, military housing and cost-of-living allowances and irregular income from occasional small jobs such as baby sitting or lawn mowing.

If you require assistance completing the forms, please feel free to stop by our office at 501 4th Street, Sergeant Bluff, IA or you may contact our business at 866-901-5664 and we will be happy to assist you.

Please note that Federal Communications Commission (FCC) guidelines require telephone companies, like ours, to annually verify a sample of Lifeline customers' for continued eligibility in the program. You may be required to complete the application and/or provide additional information on a yearly basis for random sampling process. This benefit can only be received on landline telephone service. Each customer can only receive one Lifeline subsidy.

Phone • Internet • Cable TV • Wireless

501 Fourth Street • Sergeant Bluff, IA 51054 • Phone 712.271.4000 • Fax 712.271.2727
www.LongLines.com



LIFELINE ASSISTANCE APPLICATION

Please Print:

Name: _____

Last

First

M.I.

Address: _____

Street

Apt. No.

City: _____

City

State

Zip Code

Date of Birth: _____

Social Security Number: _____

Telephone Number (if existing service): _____

Can be Reached Number (if new service): _____

*Please include
(Area code + 7 digit number)*

**Telephone service MUST be in applicant's name.*

COPIES OF YOUR DOCUMENTATION IS REQUIRED!

I qualify for Lifeline assistance because (check all that apply):

- I participate in Medicaid.
- I participate in the Food Stamps program.
- I receive Supplemental Security Income (SSI).
- I receive Federal Public Housing Assistance.
- I participate in the Energy Assistance Program.
- Veterans Pensions/Survivors Pension
- My household income is at or below 135% of the Federal Poverty Guidelines. *(documentation required)*

Select the type that meets applicable need:

Voice

Voice & Broadband
(broadband not at min. standard)

Bundle - Voice & Broadband
(meets min. standard)

I agree to notify Long Lines when I no longer qualify for Lifeline based on the above criteria.

If I currently receive a Lifeline discount from a different phone service provider, I consent to the transfer of my Lifeline benefit to Long Lines and understand that once the transfer is complete, I will lose my Lifeline program benefit with my current phone service provider.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE. I understand that I must meet at least one of the above qualifications to receive Lifeline assistance on my primary residential telephone line.

Signature

Date

Please mail completed forms to:
Long Lines, PO Box 67, Sergeant Bluff, IA 51054
or drop off at any Long Lines Retail Store.

Lifeline Household Worksheet

Only one Lifeline Program-supported service per household is allowed under Federal law.

Your **household** is everyone who lives together at your address and contributes to, or shares in, the income and expenses of the household. Household expenses include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Answer the questions below to determine if there is more than one household living at your address, and if your household already receives a Lifeline Program benefit. Providing false information on this form may result in losing your Lifeline service and/or criminal penalties.


1. Does another adult (age 18 or emancipated minor) live with you **AND** 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.

No. You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. Please **SIGN below** to certify that this is true and complete the rest of this form.

Yes. Please answer question 2 below.

2. Do you share expenses for bills, good, or other living expenses **AND** share income (salary, public assistance benefits, social security payments or other income) with the person in question #1 that has a Lifeline-discounted service?

No. You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. Please **SIGN below** to certify that this is true and complete the rest of this form.

Yes.  Do **NOT** complete the rest of this form. You are **NOT ELIGIBLE** because someone in your household already has Lifeline.

I certify that the information provided above is true and that no one in my household already has Lifeline. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline benefits, and may be prosecuted by the United States government for violating the rules.

Signature

Date

**Federal law requires your provider to review and securely retain this documentation. Federal law also prevents your provider from sharing these documents with unauthorized persons.*

Please check boxes below to verify you understand that:

- Lifeline is a federal benefit and that 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 purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses;
- A household is not permitted to receive Lifeline benefits from multiple providers;
- Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program; and
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

By initialing each line and 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 **certify** that I meet the income-based or program-based eligibility criteria for receiving Lifeline.

_____ I **certify** that I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline (for example, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, or if I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit).

_____ I **certify** that if I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, that I live on Tribal lands, as defined in federal law.

_____ I **certify** that if I move to a new address, I will provide that new address to the eligible telecommunications carrier within 30 days.

_____ I understand that my household will receive only one Lifeline service and, to the best of my knowledge, I **certify** that my household is not already receiving a Lifeline service.

_____ I **certify** that the information contained in this certification form 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;

_____ 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.

Signature _____ Date _____

Prompt return of this certification form to your local telecommunications or BIAS provider is necessary to ensure proper credits to your account. Certified Lifeline assistance subscribers will receive a re-certification form annually from their local telecommunications or BIAS provider and must return that form to their provider within 60 days to ensure the continuation of assistance benefits.

SERVICE PROVIDER USE ONLY

Telephone # or Account # associated with Lifeline service: _____

Initiation Date: _____ De-enrollment Date: _____

Type of documentation Reviewed: Award Letter Voucher Benefits card Income Statement Other _____

Identifying Information of Document Submitted: _____

Documentation Expiration date (if applicable): _____

Name on Documentation (if different from name of applicant): _____

Method documentation was provided: In Person Fax Mail Electronically

Reviewed by: _____ Date Reviewed: _____