



# Lifeline Assistance Application and Certification Form

(Please Print or Type)

Company Name \_\_\_\_\_ SPIN \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Residential Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

(Do not use a P.O. Box address.)

Is your residential address a permanent address? Yes \_\_\_\_\_ No \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

(If different from residential address.)

Social Security Number (last four digits): \_\_\_\_\_ (If you are a member of a Tribal nation and do not have a social security number, you may provide your Tribal identification number.)

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (if existing service)

Telephone number where you can be reached or receive messages: \_\_\_\_\_

Are you currently receiving Lifeline assistance through any other telephone provider? Yes \_\_\_\_\_ No \_\_\_\_\_

I am applying for: \_\_\_\_\_ Lifeline (monthly telephone service discount)

\_\_\_\_\_ Toll Limitation Service (free toll blocking or toll control)

I, one or more of my dependants, or my household currently participates in one or more of the following programs: *Check all that apply and provide documentation of proof.*

- \_\_\_\_\_ Medicaid (e.g. Title XIX/Medical State Supplemental Assistance)
- \_\_\_\_\_ Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps)
- \_\_\_\_\_ Supplemental Security Income (SSI)
- \_\_\_\_\_ Federal Public Housing Assistance (Section 8)
- \_\_\_\_\_ Low-Income Energy Home Assistance Program (LIHEAP)
- \_\_\_\_\_ Temporary Assistance for Needy Families (TANF)
- \_\_\_\_\_ National School Lunch Program's Free Lunch Program
- \_\_\_\_\_ **OR** my household income is at or below 135% of the Federal Poverty Guidelines. The number of individuals in my household is: \_\_\_\_\_.

If you do not participate in one or more of the programs listed above, you may qualify for Lifeline if your household income does not exceed 135% of the Federal Poverty Guidelines (see table below).

### 2012 Health and Human Services Poverty Guidelines

Number in Residence	135% Guideline (Annual)	Number in Residence	135% Guideline (Annual)
1	\$15,080	5	\$36,464
2	\$20,426	6	\$41,810
3	\$25,772	7	\$47,156
4	\$31,118	8	\$52,502

For each additional person after 8, add \$5,346 to the annual guideline.

Source: Federal Register, Vol. 77 No. 17, January 26, 2012, pp. 4034-4035

## Important Information

You will be required to provide documentation of eligibility.

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 Federal Communications Commission's rules and will result in your de-enrollment from the program. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person.

### I certify, under penalty of perjury, that:

- (1) I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in 47 C.F.R. § 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) If I move to a new address, I will provide that new address to the telephone company within 30 days;
- (4) If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address every 90 days;
- (5) My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;
- (6) The individual named on the documentation provided demonstrating program-based eligibility, if not me, is part of my household;
- (7) 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. § 54.405(e)(4);
- (8) I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and
- (9) The information contained in this application and certification form is true and correct to the best of my knowledge.

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Signature

Date

*Provide the completed application and certification form to your phone company. Your telephone company will contact you for any additional information needed to prove eligibility.*

For more information about Lifeline, see one of the following websites:  
[www.PUC.SD.gov/Lifeline](http://www.PUC.SD.gov/Lifeline)  
[www.puc.state.mn.us/PUC/consumers/telephone-discounts/index.html](http://www.puc.state.mn.us/PUC/consumers/telephone-discounts/index.html)  
[www.state.ia.us/iub/consumer\\_information/lifeline.html](http://www.state.ia.us/iub/consumer_information/lifeline.html)