



LIFELINE RATE ASSISTANCE CERTIFICATION

Assigned Telephone Number: _____

Assigned Customer/Member/Account Number: _____

ELIGIBILITY FOR LIFELINE ASSISTANCE IN ALABAMA IS DEPENDENT UPON MEETING EITHER THE INCOME-BASED REQUIREMENT OR THE PROGRAM-BASED REQUIREMENT LISTED BELOW.

1. I hereby certify that my annual household income is at or below 135% of the Federal Poverty Guidelines for a household of its size. I understand that a "household" may be a single individual; a household may also be a group of people who are living together at the same address who are contributing to and sharing in the household's income and expenses. A household may include related and unrelated persons. I certify that there are presently _____ members in my household. I have provided a copy of the following documentation in support of my statements regarding the amount of my annual household income:

_____ Reviewed by: _____

2. I hereby certify that I, my dependent who lives in my household or another resident of my _____ household for whom I am financially responsible participate(s) in:

- Medicaid
Supplemental Nutrition Assistance Program (SNAP)
Supplemental Security Income (SSI)
Section 8 Federal Public Housing Assistance (FPHA)
Low Income Home Energy Assistance Program (LIHEAP)
Temporary Assistance for Needy Families (TANF)
National School Lunch Program's Free Lunch Program

I have provided a copy of the following documentation in support of my statements regarding participation in one or more of the above-listed assistance programs:

_____ Reviewed by: _____

PENALTY OF PERJURY

Under Title 18 U.S.C. §1621, whoever will state as true any material matter which he does not believe to be true in a statement under penalty of perjury, is guilty of perjury and shall, except as otherwise expressly provided by law, be fined or imprisoned not more than five years, or both.

I certify under penalty of perjury that:

I understand that Lifeline Assistance is a federal government benefit program and that providing false or fraudulent documentation in order to receive government assistance is punishable by fine or imprisonment or may cause me to be barred from the program.

I certify that my household is not receiving more than one Lifeline-supported service, and I have not enrolled with any other company to receive Lifeline Assistance. I understand that Lifeline Assistance is only available for one telephone or wireless (cellular) line per household. I also certify that:

- (A) My phone service is listed in my name.
(B) I use this phone service as my primary line, and it is not a second line or a business line.
(C) I understand I cannot receive Lifeline discounts on multiple Company accounts at the same time.
(D) The address listed is my primary residence and is not a second home or business.

I certify that, to the best of my knowledge, no one at my household is already receiving Lifeline Assistance from any other telephone or wireless (cellular) provider. I understand that the violation of this “one-per-household” rule is a violation of the rules of the Federal Communications Commission and will result in my de-enrollment from the Lifeline Assistance program and possible prosecution by the United States government.

I will notify the Company within thirty (30) days if I move and will provide my new address. I understand that a Post Office Box can not be used for my permanent residential address. If I have provided a temporary residential address to the Company, I will re-verify my address every ninety (90) days.

I will notify the Company within thirty (30) days if (1) I no longer participate in the government assistance program(s) that qualify me for Lifeline Assistance; (2) my annual household income exceeds 135% of the Federal Poverty Guidelines; or (3) I no longer qualify to receive Lifeline Assistance for any other reason. I certify that I understand this notification requirement and that I may be subject to penalties for failure to follow this requirement.

I understand that it is a violation of federal law to rent, sell or give away Lifeline Service, and I certify that I will not transfer my service to any other individual, including any person who may be eligible for Lifeline Assistance.

I understand that I may be required to re-certify my continued eligibility for Lifeline Assistance at any time. Failure to re-certify my eligibility will result in termination of my Lifeline benefits.

I understand that the personal information on this form will be provided to the Universal Service Administrative Company (USAC), which is responsible for administering the Lifeline program, and/or its agents for the purpose of verifying that I do not receive more than one Lifeline benefit, and I hereby consent to the release of that information to USAC. **I understand that I will be denied Lifeline Assistance if I do not agree to the release of this information.** In the event that USAC finds that my household is receiving more than one Lifeline benefit, in addition to any penalties that may be imposed, I will be required to select one service and be de-enrolled from the other.

I authorize the Company or its duly appointed representative(s) to: 1) access any records contained in any governmental or commercial database to verify my statements herein; 2) confirm my eligibility and/or continued eligibility for Lifeline Assistance; 3) validate, confirm or update my address; and 4) authorize representatives of the listed programs to discuss with and/or provide copies of such records to the Company to verify my income level or my participation in at least one of the above programs and my eligibility for Lifeline Assistance.

I understand that if I do not purchase toll limitation service at the time of signing up for Lifeline Assistance, the Company will require a service deposit consistent with its current practice.

___ CHECK THAT YOU HAVE READ AND AGREE TO EACH OF THE STATEMENTS ABOVE.

APPLICANT’S FULL NAME: _____

APPLICANT’S PERMANENT ADDRESS: _____

APPLICANT’S BILLING ADDRESS (IF DIFFERENT): _____

TELEPHONE NUMBER WHERE APPLICANT MAY BE REACHED OR RECEIVE MESSAGES: _____

APPLICANT’S DATE OF BIRTH: _____

APPLICANT’S SOCIAL SECURITY NUMBER (LAST 4 DIGITS): _____

I hereby certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge and belief. I have read the information on the Certification and understand that I must meet the above qualifications to receive assistance from the Lifeline Assistance program.

APPLICANT’S SIGNATURE: _____ DATED: _____