

Account Name _____

Account # _____



What is Lifeline Telephone Service? Lifeline service is a federal government benefit intended to assist in making telephone service affordable for all residential customers. The following summary describes how the program works

Who is eligible for Lifeline Discounts? In order to be eligible for the discount, the applicant must participate in one of seven programs or be *Income Eligible*: Medicaid, Food Stamps (SNAP), Supplemental Security Income (SSI), Low-Income Home Energy Assistance Program (LIHEAP), Temporary Assistance for Needy Families (TANF), Federal Public Housing Assistance, or National School Lunch Program's free lunch program to receive Lifeline assistance.

How do I apply for the discount? Complete the application below and return it to Citizens with proof of eligibility as described in the application.

Do any restrictions apply? Please be aware that Citizens will periodically confirm that your lifeline discount eligibility is still in effect. If you are no longer eligible, you will be notified that your discount will be discontinued. Also, only one discount is allowed per household* and only from one provider.

Name of _____ (Please Print)
 Recipient: _____ My home telephone number _____

Physical Address: _____ Apt. #: _____ (____) _____ - _____

City: _____ State: ____ ZipCode: _____ Contact number _____

Recipient Social Security Number: _____ - _____ - _____ (____) _____ - _____

Recipient Date of Birth: _____ (MM/DD/YYYY)

Are there multiple households* at this address: _____ # of people in household*: _____
 (See back page for more information on households)

I am now receiving assistance from the following programs (check all that apply to you). Please indicate if the benefit recipient is a household member other than yourself:

- | | |
|---|---|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Food Stamps (SNAP) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Federal Public Housing Assistance** |
| <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Temporary Assistance for Needy Families |
| | <input type="checkbox"/> National School Lunch free lunch program** |
- I am not participating in one of these programs but my household income is at or below 135% of the Federal Poverty Guidelines. See table on back page for more information.**

Please read and sign the following statement: I certify under penalty of perjury that the above information is correct. I understand that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. I authorize Citizens to access any records necessary to verify my eligibility for the Lifeline discount. I give permission for any agency to release information that will help verify my eligibility in these programs. I understand that if I am no longer eligible, my lifeline discount will be discontinued. I acknowledge and consent to Citizens providing my name, telephone #, and address to USAC (administrator of the Lifeline program) and/or its agents, for the purpose of verifying that I do not receive more than Lifeline benefit.

Signature of Recipient or Guardian _____ Date: _____

Important Notice:

You must prove your eligibility to one of these programs to subscribe to Lifeline. ****Documentation will be required for the following programs: National School Lunch free lunch program, Federal Public Housing Assistance, and the Income eligibility.** All others do not require documentation and we will verify participation in those programs through our office. **ALL FIELDS MUST BE COMPLETED.**

Account Name _____

Account # _____

* A household is defined, for purposes of Lifeline, as any individual or group of individuals who live together at the same address and share income and expenses. For more information on households, visit <http://www.universalservice.org/li/getting-service/benefits.aspx> or contact Citizens.

For household income to be at or below 135% of the Federal Poverty Guidelines, total income for the household must not be more than the following:

Household Size	Household Income	Household Size	Household Income
1	\$14,621	5	\$34,817
2	\$19,670	6	\$39,866
3	\$24,719	7	\$44,915
4	\$29,768	8	\$49,964

Add \$5,049 for each additional person beyond 8