

TruVista Lifeline Application

Application for Lifeline

- Lifeline is a federal 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 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 Federal Communications Commission's (or "FCC") rules and will result in the subscriber's de-enrollment from the program
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

How to apply: four steps

1. Choose whether you will apply because you participate in a qualifying program or because your total household income falls within the guidelines.
2. Fill out the attached form. You must indicate your service address as well as your billing address (if not the same as your service address), as well as the last four digits of your SSN, your date of birth.
3. You must provide photocopies of either the program or income documents. These documents will be examined by TruVista to determine if they provide sufficient proof of eligibility. The documents will not be returned to you and will be destroyed once that examination is completed.
4. You must sign the bottom of the application indicating that you are complying with the Lifeline benefit rules.

Qualifying Methods

You may qualify for Lifeline either because you participate in one of the following programs or because your income is within the following guidelines. **NOTE: You may receive Social Security and Medicare benefits, but to qualify for Lifeline, you must receive benefits from one of the following programs or your income must fall within the guidelines.**

You MUST provide photocopies of any qualifying documentation. NOTE: PROVIDE PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

Program Eligibility

- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing Assistance (Section 8)
- Medicaid
- Supplemental Security Income (SSI)
- National School Lunch (NSL) free lunch program
- Low Income Home Energy Assistance Program (HEAP)
- Temporary Assistance for Needy Families (TANF)

Documentation includes a photocopy of a card or an award letter.

Income Eligibility

You may qualify to receive Lifeline if your household income does not exceed 135% of the Federal Poverty Guidelines. The 2014 Federal Poverty Guidelines are shown on the following page.

2014 FEDERAL POVERTY GUIDELINES-(48 Contiguous States and D.C.)

Household Size	Base 100% **	135% of Household Income
1	\$11,670	\$15,755
2	\$15,730	\$21,236
3	\$19,790	\$26,717
4	\$23,850	\$32,198
5	\$27,910	\$37,679
6	\$31,970	\$43,160
7	\$36,030	\$48,641
8	\$40,090	\$54,122
Each Add'l Person ADD:	\$4,060	\$5,481
<p align="center">**Source: https://www.federalregister.gov/articles/2014/01/22/2014-01303/annual-update-of-the-hhs-poverty-guidelines#t-1</p>		

TruVista Lifeline Application

When completed, please bring this form with you to a TruVista retail location, or mail or fax form to:

TruVista, PO Box 160, Chester , SC 29706
Fax to 803-581-2223

Customer Name: _____
 Customer Service Address: _____
 City: _____ State: _____ Zip Code: _____
 Customer Billing Address: _____
 City: _____ State: _____ Zip Code: _____
 Customer's Home Telephone Number: (_____) _____
 Customer's Social Security Number (last four digits): _____
 Customer's Date of Birth xx/xx/xxxx: _____
Month Day Year

Please choose 1 OR 2.

- I certify that I participate in at least one of the following programs (check all that apply) and I am providing a photocopy of a document that demonstrates my participation in one of these programs.
 NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)
<input type="checkbox"/> National School Lunch – Free Lunch Program	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Federal Public Housing Assistance (Section 8)	<input type="checkbox"/> Supplemental Security Income (SSI)

- I certify that my total household income falls within the guidelines listed on Page 1 and I also certify that this is how many people live in my household (**required**): Adults ____ Children _____. I am providing a photocopy of the following qualifying documents:

<input type="checkbox"/> Prior year's state or federal tax return	<input type="checkbox"/> Retirement / pension statement of benefits
<input type="checkbox"/> Current income statement from an employer	<input type="checkbox"/> Unemployment/Workmen's Compensation statement of benefits
<input type="checkbox"/> Paycheck stubs for most recent 3 months	<input type="checkbox"/> Federal notice letter of participation in General Assistance
<input type="checkbox"/> Social Security statement of benefits	<input type="checkbox"/> Veterans Administration Statement of Benefits
<input type="checkbox"/> Child Support document	<input type="checkbox"/> Other official document containing income information
<input type="checkbox"/> Divorce decree	

I certify, under penalty of perjury, that:

- I meet the income-based or program-based eligibility criteria for receiving Lifeline, shown above.
- I will notify TruVista 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.
- If I move to a new address, I will provide that new address to TruVista within 30 days.
- My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.
- 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 my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.
- I hereby authorize TruVista to release any of my information contained in this Lifeline Application required for the administration of the Lifeline program to the FCC or its designee, including the Universal Service Administrative Company, and to any state and federal agency, as required by law.

Applicant's Signature: _____ Date _____

For agent use only:

Type of document for program eligibility: _____ Type of document for income eligibility: _____