



LIFELINE ENROLLMENT / RECERTIFICATION APPLICATION

This signed application is required to enroll you in the Lifeline program in your state. This application is only for the purpose of verifying your participation in these programs and will not be used for any other purpose.

Things to know about the Lifeline Program:

- Lifeline is a Federal benefit that is not transferrable to any other person;
- Lifeline service is available for only one line per household. A household cannot receive benefits from multiple providers. Not all lifeline services are marketed under the name Lifeline, and may be offered under other names;
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals at the same address that share expenses; and,
- Violation of the one-per household rule is not permitted under federal rules and will result in the subscriber's de-enrollment from the program and possible criminal prosecution by the U. S. Government.

Section 1: Consumer Information

1 I am 18 years of age or older. Yes No

2 First Name: _____ 3 Last Name: _____

4 Date of Birth (mm/dd/yyyy): _____ 5 Last 4-digits of Social Security Number: _____

If you are unable to provide the last four digits of a Social Security Number, complete line 6.

6 Tribal Identification (Tribal ID) Number (if applicable): _____

7 Telephone Number: _____

Service address of principal residence (no Post Office Box):

8 Street Address: _____ 9 Apt: _____

10 City: _____ 11 State: _____ 12 Zip Code: _____

13 Is this a temporary address? Yes No

Billing address, if different from service address (may include Post Office Box):

14 Street Address: _____ 15 Apt: _____

16 City: _____ 17 State: _____ 18 Zip Code: _____

Section 2: Program Requirement - One Per Household

A "household" is any individual or group of individuals who live together at the same address and share income expenses. Only one person in a household can qualify to receive Lifeline Program-supported telephone service. Only one telephone service in a household can receive Lifeline Program support. A household may not receive Lifeline Program benefits from multiple service providers.

My initials here certify that I meet the one-per-household requirement. I understand that falsely certifying eligibility is a violation of the rules of the Federal Communications Commission and will result in my removal from the Lifeline Program and could result in criminal prosecution by the United States Government.

19 _____

20 _____ My initials here certify that I reside on Tribal lands (if applicable).

21 Do you live at an address at which there are multiple households? Yes No

If "yes" is checked, you must complete a supplemental form to recertify your eligibility. Please contact your service provider.

Section 3: Program Requirement - Eligibility

Complete this section to indicate that you (or your dependent or a member of your household) received benefits from at least one of the programs listed below OR your household meets the income requirement.

22 I (or my dependent or member of my household) received benefits from at least one of the programs listed below. If checked, please indicate the program(s) from which you (or your dependent or member of your household) receives benefits. Check all that apply.

Medicaid Low Income Home Energy Assistance Program (LIHEAP)

Supplemental Nutritional Assistance Program (SNAP) Temporary Assistance for Needy Families (TANF)

Supplemental Security Income (SSI) National School Lunch / Free Lunch Program (NSL)

Federal Public Housing Assistance (Section 8)

State provided assistance program: _____

**Note: If none of the above federal assistance program boxes are checked and you do not meet the income requirements below, you must contact your service provider in order to recertify. Your service provider's toll-free number can be found on the letter sent with this form.*

I do not receive benefits, but my dependent or a member of my household does receive benefits from a program checked above. Full name of dependent or household member receiving benefits _____



23 My household income is at or below the amount listed below for my state.

If checked, number of people in my household: _____

2018 Poverty Guidelines for the 48 Contiguous States and the District of Columbia - 135%
(Effective: January 18, 2018)

Household Size	South Carolina
1	\$12,140
2	\$16,460
3	\$20,780
4	\$25,100
5	\$29,420
6	\$33,740
7	\$38,060
8	\$42,380

For families/households with more than 8 persons, add \$4,320 for each additional person.

Source: <https://www.federalregister.gov/documents/2018/01/18/2018-00814/annual-update-of-the-hhs-poverty-guidelines>

Section 4: Notification Obligations

You have obligations if you receive Lifeline Program benefits. You must initial the statements below to acknowledge you understand your obligations:

- 24 I will notify my service provider within 30 days if I (or my dependent or household member) no longer participate(s) in the federal/state programs identified in my application or if my household income exceeds 135% of the Federal Poverty Guidelines.
- 25 I will notify my service provider within 30 days if I or my household begins to receive more than one Lifeline Program benefit.
- 26 I will notify my service provider within 30 days if I no longer qualify for Lifeline Program benefits for any reason.
- 27 I will notify my service provider of my new address within 30 days of moving.
- 28 I understand these notification obligations and that I may be subject to penalties if I fail to provide this notice.

Section 5: Certifications

You must certify the following statements. You must read and initial all certifications.

- 29 I hereby certify under penalty of perjury that I (or my dependent or other member of my household) currently receive(s) benefits from the federal/state program(s) identified above or my annual household income is at or below 135% of the Federal Poverty Guidelines (or the amount that applies to my state as indicated in the chart above).
- 30 I hereby certify under penalty of perjury that I acknowledge that my household can only receive one Lifeline Program benefit and to the best of my knowledge my household is not receiving more than one Lifeline Program benefit from either a home phone or wireless service provider.
- 31 I hereby certify under penalty of perjury that I agree not to transfer my Lifeline Program benefits to another person.
- 32 I hereby certify under penalty of perjury that I acknowledge that I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program as required will result in my removal from the Lifeline Program.
- 33 I hereby certify under penalty of perjury that I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, my Tribal Identification Number (if I am a member of a Tribal nation), the telephone number to be associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit, I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits.
- 34 I hereby certify under penalty of perjury that my service provider may continue to monitor my participation in the identified federal/state program(s) for continued eligibility for Lifeline Program benefits.
- 35 I hereby certify under penalty of perjury that I agree to allow my service provider to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program.
- 36 I hereby certify under penalty of perjury that all of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge.
- 37 I hereby certify under penalty of perjury that I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program.

38 Signature: _____

39 Date: _____

40 Printed Name: _____