

**LIFELINE ASSISTANCE APPLICATION**  
**Certification Form - Indiana**

Office Use Only	
Application ID	_____
Company Name	Washington County Rural Tel Coop
Company Code	0834
Customer provided following documentation: _____	
Name of HH member enrolled in program: _____	
Initials of reviewer: _____ Date: _____	

**Please verify your eligibility:**

1. Complete Section A Personal Information
2. Complete Section B **OR** Section C (on reverse side)
3. Complete Section D if applicable (on reverse side)
4. **Initial, sign** and date the form **in Section E on the reverse side**
5. **Attach a copy of your most recent telephone / internet bill and documents to support your eligibility**
6. **Mail the application, bill and documents** to Lifeline Administrator, 30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685

**A. PERSONAL INFORMATION**

The person below **MUST BE** the same person listed on the telephone bill. Please remember to complete Section E on the **reverse** side.

Full Legal Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

LL Telephone No. \_\_\_\_\_  
 Service Address \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**(Required)**

**Check if service address is temporary**

**Last 4 digits of SSN (Required):** \_\_\_\_\_

**Check if applying for:**  **Voice Lifeline OR**  **Broadband Only (must have minimum of 30/3 speed to qualify)**

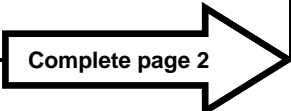
**If applying for Broadband only service listed above, provide your Billing Account Number (BAN) and Speed:**

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

**B. PROGRAM-BASED ELIGIBILITY**

Check all program(s) in which you or a household member is currently enrolled. **You must provide proof of program participation.** This could include a copy of your benefit ID card, a copy of an eligibility letter from an authorized agency or prior year's statement of benefits. (Do not send original documentation. Documents will not be returned.)

<input type="checkbox"/> Food Stamps/SNAP	<input type="checkbox"/> Federal Public Housing Assistance (FPHA)
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Veterans Pension and Survivors Benefit Programs
<input type="checkbox"/> Supplemental Security Income (SSI) (Not the same as Social Security Benefits)	
<b>Benefit Qualifying Person (BQP):</b> *The following information is required if your eligibility for Lifeline is currently based on another member of your household's participation in a qualifying program.	
Last Name: _____ First Name: _____ Date of Birth: _____ SSN 4: _____	



**C. INCOME-BASED ELIGIBILITY**

Calculate **TOTAL** household income by reporting the income of all adult persons residing in your home in the appropriate category:

Income Source	Amount	Household Size	Yearly Income
Prior year's State, Federal or Tribal tax return <b>OR</b>		You must	@ 135 % of Federal
Social Security; Retirement income		Circle One	Poverty Guidelines
Alimony or Child Support		1	\$16,389
Wages		2	\$22,221
Bureau of Indian Affairs General Assistance		3	\$28,053
Unemployment; Worker's Compensation		4	\$33,885
If you have more than 4 people in your household, write the number and add \$5,832 for each additional person.		_____	

**You must attach proof of income as reported above, examples include:**

- Prior year's State, Federal or Tribal tax return **OR**
- **Three months' worth** of your most recent paycheck stub(s) from all employers
- Most recent statement from each type of current income source(s) noted
- Social Security statement of benefits
- Veterans Administration statement of benefits
- Retirement/Pension statement of benefits
- Unemployment/Workmen's Compensation statement of benefits
- Child Support documentation
- Federal or Tribal notice letter of participation in Bureau of Indian Affairs General Assistance **OR**
- Divorce Decree

**(Documentation will NOT be returned)**

**D. LIFELINE DISCOUNT BENEFIT TRANSFER**

If you are currently receiving Lifeline from another provider and you wish to transfer your Lifeline discount to Washington County Rural Tel Coop, you **MUST** initial the following statement.

\_\_\_\_\_ I authorize Washington County Rural Tel Coop to transfer any pre-existing Lifeline discount with a different provider to my Washington County Rural Tel Coop account, subject to all terms and conditions described in this application, understanding that only one Lifeline supported service is available per household. I realize that my pre-existing account may be subject to normal charges and fees until terminated by me.

**E. SIGNATURE (This section must be filled out completely)**

Please **read** the following statements, **initial** by **each** certification, and **sign** below. [Disclosure Statement: Perjury and false statements are punishable by fine and/or imprisonment under Title 18 of the U.S. Code.]

*By signing below, I certify under penalty of perjury, to each and every one of the following:*

- \_\_\_\_\_ 1 I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in 47 C.F.R. Section 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 **(Only if applicable)** I was truthful about whether or not I am a resident of tribal lands, as defined in Section 54.400(e) of the Lifeline rules.
- \_\_\_\_\_ 4 If I move to a new address, I will provide that new address to the telephone company within 30 days;
- \_\_\_\_\_ 5 My household will receive only one (1) Lifeline service, and, to the best of my knowledge, my household is not already receiving a Lifeline service;
- \_\_\_\_\_ 6 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. Section 54.405(e)(4);
- \_\_\_\_\_ 7 I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law;
- \_\_\_\_\_ 8 The information contained in the application and certification form is true and correct to the best of my knowledge; and
- \_\_\_\_\_ 9 I acknowledge that information from this certification will be given to the Lifeline Program and/or its agents for purpose of verifying that my household does not receive more than one benefit and that the Lifeline Program may require additional information in order to verify my eligibility.

**X** \_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date