

Lifeline Assistance Application, Eligibility Certification and Consent

Complete all three pages. Please print or type.)

Company Name _____ SPIN _____

Last Name: _____ First Name: _____ Middle Initial: _____

Residential Address: _____ City: _____ State: _____ ZIP: _____

(Do not use a P.O. Box address.)

Is your residential address a permanent address? Yes _____ No _____

Billing Address: _____ City: _____ State: _____ ZIP: _____

(If different from residential address.)

Social Security Number (last four digits): _____ Date of Birth: _____

Telephone Number: _____ (if existing service)

Telephone number where you can be reached or receive messages: _____

Are you currently receiving Lifeline assistance through any other telephone provider? Yes _____ No _____

I am applying for: _____ Lifeline (monthly telephone service discount)
_____ Telephone Assistance Program (available only in Minnesota)
_____ Toll Limitation Service (free toll blocking or toll control)

I, one or more of my dependents, or my household currently participate in one or more of the following programs.

Check all that apply and provide documentation of proof.

- _____ Medicaid (e.g. Title XIX/Medical State Supplemental Assistance)
_____ Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps)
_____ Supplemental Security Income (SSI)
_____ Federal Public Housing Assistance (Section 8)
_____ Low-Income Energy Home Assistance Program (LIHEAP)
_____ Temporary Assistance for Needy Families (TANF) / Minnesota Family Investment Program (MFIP)
_____ National School Lunch Program's Free Lunch Program
_____ OR my household income is at or below 135% of the Federal Poverty Guidelines. The number of individuals in my household is: _____.

If you do not participate in one or more of the programs listed above, you may qualify for Lifeline if your household income does not exceed 135% of the Federal Poverty Guidelines (see table below).

| Household Size | Income | Household Size | Income |
|----------------|----------|-------------------|----------|
| 1 | \$15,890 | 6 | \$43,970 |
| 2 | \$21,506 | 7 | \$49,586 |
| 3 | \$27,122 | 8 | \$55,202 |
| 4 | \$32,738 | Each extra person | \$5,616 |
| 5 | \$38,354 | | |

Lifeline Eligibility Certification

You will be required to provide documentation of eligibility.

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

I certify, under penalty of perjury, that:

(1) I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in 47 C.F.R. § 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) If I move to a new address, I will provide that new address to the telephone company within 30 days;

(4) If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address every 90 days;

(5) My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;

(6) The individual named on the documentation provided demonstrating program-based eligibility, if not me, is part of my household;

(7) 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. § 54.405(e)(4);

(8) I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and

(9) The information contained in this application and certification form is true and correct to the best of my knowledge.

Signature

Date

Provide the completed application and certification form to your phone company. Your telephone company will contact you for any additional information needed to prove eligibility.

For more information about Lifeline, see one of the following websites:
www.PUC.SD.gov/Lifeline
www.puc.state.mn.us/PUC/consumers/telephone-discounts/index.html
www.state.ia.us/iub/consumer_information/lifeline.html

Consent to provide Lifeline subscriber information to the National Lifeline Accountability Database

The Federal Communications Commission has established the National Lifeline Accountability Database to detect and prevent consumers from receiving more than one discounted telephone service under the federal Lifeline program.

Under federal law, Alliance Communications is required to check this database prior to signing up Lifeline subscribers and is also required to provide the following information to the database's federal administrator:

- The Lifeline subscriber's full name
- The Lifeline subscriber's full residential address
- The Lifeline subscriber's date of birth
- The last four digits of the Lifeline subscriber's social security number or tribal identification number
- The telephone number associated with the Lifeline service
- The date on which the Lifeline service was initiated
- The date on which the Lifeline service was terminated (if applicable)
- The amount of Lifeline service support being sought for the subscriber
- The means through which the subscriber qualified for Lifeline service (income or program-based, Medicaid, etc.)

The above information related to your Lifeline service is being provided by Alliance Communications to the National Lifeline Accountability Database to verify that you, as a Lifeline applicant and/or subscriber, are not receiving more than one Lifeline benefit, and to otherwise ensure proper administration of the Lifeline program.

I, the Lifeline applicant/subscriber, acknowledge that Alliance Communications will transmit to the federal administrator of the National Lifeline Accountability Database the above-referenced information about my Lifeline account and service for inclusion into the database, and hereby consent to transmission of the information for purposes allowed by law relating to administration of the Lifeline program.

I further understand that a failure to provide this consent to release my Lifeline account and service information to the federal administrator for inclusion in the National Lifeline Accountability Database will result in a denial of or de-enrollment from Lifeline service.

Signature

Date