

# Alliance Communications Lifeline Assistance Certification Form

*The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance. Any documentation received will be securely retained and will not be shared.*

(PLEASE PRINT)

Name: \_\_\_\_\_  
Last    First    Middle

Residential Address: \_\_\_\_\_  
(Cannot be a PO Box)    Street    Apt. #    State    Zip

Permanent Address                       Temporary Address (must verify address every 90 days)

Is this address occupied by multiple households?       Yes                       No  
(see definition of *household* on next page)

Billing Address (if different): \_\_\_\_\_  
Street / PO Box    City    State    Zip

Telephone number or existing account number: \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ Last 4 digits of social security #: \_\_\_\_\_

Choose ONE service to apply the Lifeline discount: *Office staff may update as necessary.*

Telephone                       Service Bundle (Phone and Broadband Internet)

**Please answer the following questions:**

1. Are you or anyone in your household currently participating in any of the following programs?  
**IMPORTANT: (Check one and attach documentation of proof)**
  - Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance)
  - Supplemental Nutrition Assistance Program
  - Supplemental Security Income (SSI)
  - Federal Public Housing Assistance
  - Veterans and Survivors Pension Benefit; OR
  
2. Is your income at or below 135 percent of the Federal Poverty Guidelines? (Proof of income is required)
  - Yes                       No                      # of people in your household \_\_\_\_\_

# of people living in home	Household Income (at or below)	# of people living in home	Household Income (at or below)
1	\$16,281	6	\$44,496
2	\$21,924	7	\$50,139
3	\$27,567	8	\$55,782
4	\$33,210	For each extra person	Add
5	\$38,853		\$5,643

3. Are you or anyone else in your household currently receiving any Lifeline assistance from any other wireline or wireless telephone provider, or any other Broadband Internet provider?  
 Yes                       No

## Lifeline Household Worksheet

*Only one Lifeline Program-supported service per household is allowed under Federal law.*

Your **household** is everyone who lives together at your address and contributes to, or shares in, the income and expenses of the household. Household expenses include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Answer the questions below to determine if there is more than one household living at your address, and if your household already receives a Lifeline Program benefit. Providing false information on this form may result in losing your Lifeline service and/or criminal penalties.


1. Does another adult (age 18 or emancipated minor) live with you AND have a Lifeline-discounted service or a "free" wireless Lifeline service? For example, husband, wife, domestic partner, parent, son, daughter, another relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.), a roommate, or another person.

\_\_\_\_\_ **No.** You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. Skip to the bottom of the page and **SIGN below** to certify that this is true. Then complete pages 3-4 of this form.

\_\_\_\_\_ **Yes.** Please answer question 2 below.

2. If you answered Yes to Question 1, do you share expenses for bills, goods, or other living expenses AND share income (salary, public assistance benefits, social security payments or other income) with the person in question #1 who has a Lifeline-discounted service?

\_\_\_\_\_ **No.** You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. Please **SIGN below** to certify that this is true. Then complete pages 3-4 of this form.

\_\_\_\_\_ **Yes.**  Do NOT complete the rest of this form. You are **NOT ELIGIBLE** because someone in your household already has Lifeline.

**I certify that the information provided above is true and that no one in my household already has Lifeline. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline benefits, and may be prosecuted by the United States government for violating the rules.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please check the boxes below to verify you understand that:**

- Lifeline is a federal benefit and that 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 Commission's rules and will result in the subscriber's de-enrollment from the program; and
- Lifeline is a non-transferable benefit. The subscriber may not transfer the benefit to another person.

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**By signing below, I certify under penalty of perjury the information contained within this certification form is true and correct to the best of my knowledge. Also, please initial in each box listed below:**

Initial

**I certify** that I meet the income-based or program-based eligibility criteria for receiving Lifeline. I have provided documentation of eligibility.

Initial

**I certify** that I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline (for example, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, or if I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit).

Initial

**I certify** that the individual named on the documentation provided demonstrating program-based eligibility, if not me, is part of my household.

Initial

**I certify** that if I move to a new address, I will provide that new address to the eligible telecommunications carrier within 30 days.

Initial

I understand that my household will receive only one Lifeline service and, to the best of my knowledge, **I certify** that my household is not already receiving a Lifeline service.

Initial

**I certify** that the information contained in this certification form is true and correct to the best of my knowledge,

Initial

**I acknowledge** that providing false or fraudulent information to receive Lifeline benefits is punishable by law;

Initial

**I acknowledge** I may be required to re-certify my continued eligibility for Lifeline at any time. My failure to re-certify my continued eligibility will result in de-enrollment and termination of my Lifeline benefits.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Prompt return of this certification form to your local telecommunications or broadband Internet provider is necessary to ensure proper credits to your account. Certified Lifeline assistance subscribers will receive a re-certification form annually from their local telecommunications or broadband Internet provider and must return that form to their provider within 60 days to ensure the continuation of assistance benefits.

## **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.

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Signature

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Date