

1 PLEASE READ CAREFULLY, USE PEN, PRINT AND FILL OUT COMPLETELY

Billing Telephone Number (including area code) _____

Billing Name On Home Telephone Account _____
(last) (first) (middle initial)

Last 4 Digits of Social Security Number _____ **Birth Date:** _____
(2 Digit Month) (2 Digit Day) (4 Digit Year)

Home Address _____
(number) (street) (apartment number, if applicable) (city or town) (state) (zip code)

Please indicate below if the home address listed is your permanent or temporary address?

Permanent Temporary

Billing Address if different from Home Address

(number) (street) (apartment number, if applicable) (city or town) (state) (zip code)

2 PROGRAM PARTICIPATION AND CERTIFICATION

Please certify by **signing your name** in the blank. The application will be denied if left blank.

I _____ certify under penalty of perjury that I or a member of my household meet the income-based or program-based eligibility criteria for receiving the Lifeline discount. I or a member of my household receive benefits from the following program **(check ONLY ONE program):**

- | | |
|---|--|
| <input type="radio"/> SNAP (Supplemental Nutrition Assistance Program, formerly known as Food Stamps) | <input type="radio"/> Section 8 Federal Public Housing Assistance |
| <input type="radio"/> Medicaid (Not Medicare) | or |
| <input type="radio"/> Supplemental Security Income (SSI - Not to be confused with Social Security.) | <input type="radio"/> Eligibility based on income (When choosing this option, you must complete Section 4) |
| <input type="radio"/> Veteran's Pension & Survivor Benefit | |

YOU MUST SEND IN PROOF FOR THE PROGRAM YOU CHECKED. DO NOT SEND ORIGINALS. Send a copy of one of the following:

- Your current or prior year's statement of benefits from a qualifying state or federal program
- or**
- A notice letter of participation in a qualifying state or federal program
- or**
- A program participation document, for example, benefit card
- or**
- An official document indicating your participation in a qualifying state or federal program.

Have Questions or Need Assistance?

WE'RE HERE TO HELP!

1.888.347.6000



The Lifeline discount program is a federal program is a federal benefit and willfully making false statements to obtain this benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Full Service Network is required by the Federal Communications Commission, or FCC, to verify your eligibility to participate in the Lifeline discount program.

Under penalty of perjury you must certify the following statements are true to the best of your knowledge. Please indicate your acknowledgement of each statement by initialing in the line next to the statement.

Only one Lifeline discount is allowed per household, consisting of either wireline or wireless service. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household requirement constitutes a violation of Federal Communications Commission rules and will result in de-enrollment from the program, and potentially, prosecution by the United States government.

A household is defined as any individual or group of individuals who live together at the same address and share income and expenses.

→ _____ I certify my household will receive only one Lifeline service and, to the best of my knowledge, my household is not
(Initial Here) already receiving a Lifeline service.

Your name, telephone number, address and information contained in this application, as well as information associated with your Lifeline service may be provided to the Universal Service Administrative Company (USAC – administrator of the Lifeline discount program) and/or its agents for the purpose of verifying your household does not receive more than one Lifeline benefit. You will be denied Lifeline benefits if you fail to provide Full Service Network with consent to provide the specified information to USAC.

→ _____ I acknowledge and consent that Full Service Network may provide my name, telephone number, address and
(Initial Here) information contained in this application, as well as information associated with your Lifeline service to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I or another member of my household does not receive more than one Lifeline benefit.

→ _____ I agree to allow Full Service Network to exchange any necessary information with the appropriate federal or state
(Initial Here) agency, or fund administrator, to verify my eligibility to participate in the Lifeline discount program.

Lifeline Service is a non-transferable benefit. You may not transfer your Lifeline service to any individual, including another eligible low-income consumer.

→ _____ I agree not to Transfer my Lifeline discount benefit to another person.
(Initial Here)

→ _____ I agree to notify Full Service Network within 30 calendar days if I move to another address and to provide the new
(Initial Here) address.

→ _____ I agree to notify Full Service Network within 30 calendar days if, for any reason, I or my household:
(Initial Here) -No longer receive benefits from the federal or state program that qualified me for the Lifeline discount program.
-Annual household income exceeds the Federal Poverty amount listed in Section 4 that qualified me for the Lifeline discount program.
-Receives more than one Lifeline benefit or another member of my household is receiving a Lifeline service.

→ _____ I acknowledge that I may be required to recertify my continued eligibility for Lifeline at any time and my failure to recertify
(Initial Here) will result in de-enrollment and termination of my Lifeline benefits. I agree to participate in the certification of my continued eligibility in the Lifeline discount program.

→ _____ In the event Full Service Network determines that I am receiving a Lifeline benefit from another provider, I authorize the
(Initial Here) transfer of my Lifeline benefit from my current provider to Full Service Network. I understand that with this transfer I will lose the benefit from my current provider and receive the benefit on the Full Service Network account identified in this application.

→ _____ The information contained in this application form is true and correct to the best of my knowledge.
(Initial Here)

→ _____ I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
(Initial Here)

**YOU NEED TO INITIAL ALL 10 OF THE ABOVE STATEMENTS TO GET YOUR CREDIT.
IF YOU DO NOT INITIAL ALL 10 OF THEM, YOU WILL NOT BE ENROLLED IN LIFELINE.**

YOU ONLY NEED TO COMPLETE SECTION 4 IF YOU DO NOT PARTICIPATE IN A PROGRAM LISTED IN SECTION 2.

The following chart can be used to determine eligibility for the Lifeline discount program based solely on income level. You may qualify for the Lifeline discount program if your household annual income is at or below 135% of the Federal Poverty Guidelines. A household is defined as any individual or group of individuals who live together at the same address and share income and expenses.

The chart below lists the annual income amount that cannot be exceeded in order to qualify based on household size. If the annual income amount for your household size is more than the amount shown on the chart below you do not qualify for the Lifeline discount based solely on income.

Household Size	135% of Federal Poverty Levels
1	\$16,281
2	\$21,924
3	\$27,567
4	\$33,210
Each additional person after 4	\$5,643

Please indicate on the line below the number of individuals in your household.

_____ Individuals live in my household

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IF COMPLETING THIS SECTION, YOU MUST SEND IN A COPY OF ONE OF THE ITEMS LISTED BELOW THAT PROVES YOUR INCOME.

If your household qualifies based on the above income chart, please attach or fax a photocopy (do not send an original) of the following applicable documents. If you provide documentation that does not cover a full year (such as current pay stubs), you must submit three (3) consecutive months worth of the same type of document from the previous 12 months.

- Your prior year's state or federal tax return.
- Current income statement from an employer or paycheck stub.
- A Social Security statement of benefits.
- A Veterans Administration statement of benefits.
- A retirement or pension statement of benefits.
- An Unemployment or Workmen's Compensation statement of benefits
- Federal notice letter of participation in General Assistance
- A divorce decree
- A child support award
- Other official document containing income information

5 REQUIRED INFORMATION IF HOUSEHOLD MEMBER RECEIVING BENEFITS IS DIFFERENT THAN BILLING NAME

Name of Household Member Receiving Benefits: _____

Relationship of Household Member Receiving Benefits (for example: Mother, Son): _____

Last 4 Digits of the Social Security Number of the Person Receiving Benefits: _____

Date of Birth of the Person Receiving Benefits: _____
(2 Digit Month) (2 Digit Day) (4 Digit Year)

→ _____ I certify the individual named above who is receiving benefits is part of my household.
(Initial Here)

→ _____ I certify the individual named above who is receiving benefits is not already receiving a LifeLine service.
(Initial Here)

6 PLEASE SIGN AND THEN FAX OR MAIL SIGNED APPLICATION AND PROOF OF ELIGIBILITY TO:

Billing Name Signature _____ Date _____

Fax Number: 412-248-2000



Full Service Network
 Attn: Lifeline Dept.
 600 Grant Street, Ste 3075
 Pittsburgh, PA 15219



lifeline@fullservicenetwork.com