

## Application for Lifeline

- Lifeline is a federal 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 (either wireline or wireless)
- 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 Federal Communications Commission’s (or “FCC”) rules and will result in the subscriber’s de-enrollment from the program
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

## How to apply: four steps

1. Choose whether you will apply because you participate in a qualifying program or because your total household income falls within the guidelines.
2. Fill out the form on the back. You must indicate your service address as well as your billing address (if not the same as your service address), as well as the last four digits of your SSN, and your date of birth.
3. You must provide photocopies of either the program or income documents.
4. You must sign the bottom of the application indicating that you are complying with the Lifeline benefit rules.

## Qualifying Methods

You may qualify for Lifeline either because you participate in one of the following programs or because your income is within the following guidelines. **NOTE: You may receive Social Security and Medicare benefits, but to qualify for Lifeline, you must receive benefits from one of the following programs or your income must fall within the guidelines.**

You MUST send photocopies of any qualifying documentation. **NOTE: YOU MUST SEND PHOTOCOPIES ONLY (Card or an award letter) ; WE WILL NOT RETURN ANY DOCUMENTATION.**

### Program Eligibility

- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income-Blind and Disabled (SSDI)
- National School Lunch (NSL) free lunch program
- Home Energy Assistance Program (HEAP)
- Medicaid or State Provided Medical Assistance
- Federal Public Housing/Section 8
- Disability Assistance
- Ohio Works First / TANF
- Supplemental Security Income (SSI)

**Income Eligibility: you may be eligible for Lifeline if your total household gross income does not exceed:**

Number of persons in household	1	2	3	4	5	For each add'l person add
<b>Annual Gross Income</b>	\$17,235	\$23,265	\$29,295	\$35,325	\$41,355	\$6,030
<b>Monthly Gross Income</b>	\$1,437	\$1,939	\$2,442	\$2,944	\$3,447	\$503

Documentation needed to qualify for Lifeline through income is noted on the reverse side.

**Call 1-888-256-5378 to inquire about Lifeline or send in the attached application.  
Para asistencia en Español, por favor llame al 1-800-910-1030.**

# AT&T Ohio Lifeline Application

When completed, mail or fax form to:

**AT&T Lifeline Ohio Program, PO Box 4600, Waterloo, IA 50704-4600**

Fax to 1- 800-295-7495

Customer Name (full first and last name required): \_\_\_\_\_  
Customer Service Address: \_\_\_\_\_  
*Please indicate by checking this box if this is a temporary address*   
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Customer Billing Address (If different from service address) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Customer's Home Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Contact Telephone Number (If different from home telephone number): \_\_\_\_\_  
Customer's Social Security Number (last four digits): \_\_\_\_\_  
Customer's Date of Birth xx/xx/xxxx: \_\_\_\_\_  
Month Day Year

**1. PROGRAM ELIGIBILITY.** I receive assistance from one of the following programs and I am providing a photocopy of a document (such as a card or letter) that demonstrates my participation in that program. NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

- |   |   |
|---|---|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)       | <input type="checkbox"/> Federal Public Housing/Section 8           |
| <input type="checkbox"/> Supplemental Security Income-Blind and Disabled (SSDI) | <input type="checkbox"/> Disability Assistance                      |
| <input type="checkbox"/> Ohio Works First / TANF                                | <input type="checkbox"/> National School Lunch – Free Lunch Program |
| <input type="checkbox"/> Medicaid or State Provided Medical Assistance          | <input type="checkbox"/> Supplemental Security Income (SSI)         |
| <input type="checkbox"/> Home Energy Assistance Program (HEAP)                  |   |

If the program beneficiary is not the customer but is someone in the customer's household, provide the name of the beneficiary: \_\_\_\_\_

## If you completed Box 1, SKIP Box 2

**2. INCOME ELIGIBILITY.** If you do not participate in one of the above programs, you may still be eligible for Lifeline under Income Eligibility if your total gross household income falls within the guidelines on page 1. A PHOTOCOPY OF ONE OF THE REQUIRED INCOME DOCUMENTS IS REQUIRED TO BE APPROVED FOR LIFELINE OHIO:

- |  |   |
|--|---|
| <input type="checkbox"/> Prior year's state or federal tax return              | <input type="checkbox"/> Federal notice letter of participation in General Assistance |
| <input type="checkbox"/> Retirement / pension statement of benefits            | <input type="checkbox"/> Social Security statement of benefits                        |
| <input type="checkbox"/> Paycheck stubs for most recent 3 months               | <input type="checkbox"/> Current income statement from an employer                    |
| <input type="checkbox"/> Child Support document                                | <input type="checkbox"/> Unemployment/Workmen's Compensation statement of benefits    |
| <input type="checkbox"/> Divorce decree  | <input type="checkbox"/> Veterans Administration Statement of Benefits                |
| <input type="checkbox"/> Other official document containing income information |   |

Number of people living in household (required): \_\_\_\_\_

**I certify, under penalty of perjury, that (check or initial by each certification):**

- \_\_\_\_\_ I meet the income-based or program-based eligibility criteria for receiving Lifeline, shown above.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ If I move to a new address, I will provide that new address to AT&T Ohio within 30 days.
- \_\_\_\_\_ My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.
- \_\_\_\_\_ The information contained in this certification form is true and correct to the best of my knowledge.
- \_\_\_\_\_ I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
- \_\_\_\_\_ I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.
- \_\_\_\_\_ I hereby authorize AT&T Ohio to release any of my information contained in this Lifeline Application required for the administration of the Lifeline program to the FCC or its designee, including the Universal Service Administrative Company, and to any state and federal agency or its designee, as required by law.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

For agent use only: Type of document for program eligibility: \_\_\_\_\_ Type of document for income eligibility: \_\_\_\_\_