



Lifeline Assistance Program

Application and Certification Form

First Name: _____ MI: _____ Last Name: _____

Last Four Digits of Social Security Number: _____ Date of Birth: _____

Physical Address: _____

City: _____ State: MS Zip: _____

My Physical Address is Permanent Temporary Multi-Household

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number for which Lifeline Credits are to apply: _____

= NOTICE =

Lifeline is a federal benefit; only one Lifeline service is allowed per household; a household cannot receive benefits from more than one telephone service provider; a household is defined as any individual or group of persons living together at the same address sharing income and expenses (an “economic unit”); and Lifeline is a non-transferable benefit. Households receiving Lifeline benefits from more than one telephone company will be de-enrolled. Prosecution by the federal government for this offence is possible.

Are you or any member of your household already receiving Lifeline benefits from a telephone company?
 YES NO If yes, please be aware that only one Lifeline benefit is allowed for each household.

= PROGRAM ELIGIBILITY CRITERIA =

_____ (Please initial if applicable) I certify that either a member of my household or I participate in the below-marked assistance program. I understand I must provide satisfactory documentation of this participation to Fulton Telephone Company.

- Supplemental Nutrition Assistance Program (SNAP) Medicaid
- Federal Public Housing Assistance (Sect 8 FPHA) Supplemental Security Income (SSI)
- Veterans Pension and Survivors Benefits

-----OR-----

_____ (Please initial if applicable) I certify that my total household income is at or below 135% of the Federal Poverty Guidelines. I understand I must provide satisfactory documentation of this declaration to Fulton Telephone Company.



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I certify under penalty of perjury the following (initial by each certification):

_____ *I currently meet Lifeline eligibility as indicated on Page One of this document.*

_____ *I will notify Fulton Telephone Company within 30 days if I or my qualifying household member cease(s) to meet program eligibility as specified on Page One or, for any reason, no longer meet(s) all Lifeline eligibility criteria. I certify that I understand and agree to comply with this notification requirement under penalty of perjury and prosecution.*

_____ *If I move to a new address I will notify Fulton Telephone Company within 30 days of my move.*

_____ *If my address is temporary, I understand that I may be required to verify my address with Fulton Telephone Company every 90 days.*

_____ *I certify my household is not receiving nor will it receive Lifeline benefits from another telephone company such as Safelink, Assurance, and Reachout Wireless while enrolled in the Lifeline program with Fulton Telephone Company.*

_____ *I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law and will result in program de-enrollment and possible program debarment, fines, or imprisonment.*

_____ *I acknowledge that I will be required to provide proof of continuing program eligibility at least once each year when notified by Fulton Telephone Company, and any failure to do so, on my part, will result in de-enrollment from the Lifeline Assistance Program.*

Signature of Applicant: _____ **Date:** _____

THIS SPACE RESERVED FOR OFFICE USE

Date of eligibility review: _____

Description of applicant's proof of eligibility: _____

(i.e.: SNAP card, SSI program letter, federal tax return, three consecutive months of paycheck stubs, etc.)

Proof of applicant's eligibility reviewed by: _____

(Fulton Telephone Company authorized signature required)