

Lifeline Certification Form

Lifeline is a federal government benefit program and only qualified persons may participate in the Lifeline program. Lifeline service may not be transferred to any other individual, including another eligible low-income consumer. **By law, the Lifeline program is only available for one phone line per household, whether landline or wireless.** A household is defined, for purpose of the Lifeline program, as any individuals who live together at the same address and share income and expenses. Any violation of the one phone line per household limitation will result in de-enrollment from the Lifeline program and may be punished by fine or imprisonment.

Initial Lifeline Enrollment **Re-certification of Lifeline Enrollment**

PERSONAL INFORMATION

Please fill out the following information:

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: __/__/____

Social Security # (last 4 digits): _____ Alt. Contact #: (____) ____ - _____

Email Address: _____

ELIGIBILITY

YOU MAY QUALIFY FOR LIFELINE DISCOUNTS UNDER EITHER SECTION 1 OR SECTION 2 BELOW. PLEASE FILL OUT EITHER SECTION 1 OR 2, DEPENDING UPON WHICH APPLIES TO YOU:

SECTION 1 – PROGRAM-BASED ELIGIBILITY

Please check all that apply and **provide Union Wireless with documentation** to demonstrate that you participate in one of the programs listed below:

- | | |
|--|---|
| <input type="checkbox"/> Tribally-administered Temporary Assistance for Needy Families (TTANF) | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Food Distribution on Indian Reservations (FDPIR) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> HEAD Start |
| <input type="checkbox"/> Federal Public Housing Assistance (Section 8) | <input type="checkbox"/> Veterans Pension and Survivors Benefit Program |
| <input type="checkbox"/> Bureau of Indian Affairs General Assistance | |

I CERTIFY THAT I OR ONE OF MY DEPENDENTS PARTICIPATES IN ONE OR MORE QUALIFYING PROGRAMS AS INDICATED ABOVE.

Initial Here

IF YOU HAVE A DEPENDENT RESIDING IN YOUR HOUSEHOLD WHO RECEIVES BENEFITS FROM ONE OF THE PROGRAMS ABOVE, PLEASE PROVIDE THEIR NAME:

First Name: _____ M.I.: _____ Last Name: _____

SECTION 2 – INCOME-BASED ELIGIBILITY:

IF YOU DON'T PARTICIPATE IN ANY OF THE ABOVE PROGRAMS, YOU MAY STILL QUALIFY IF YOUR HOUSEHOLD INCOME IS AT OR BELOW 135% OF THE FEDERAL POVERTY GUIDELINES.

How many people are in your Household? _____

People in household	Total Annual Income at:	People in Household	Total Annual Income at:	People in Household	Total Annual Income at:
1 person	\$17,388	3 people	\$29,646	5 people	\$41,904
2 people	\$23,517	4 people	\$35,775	each additional person	\$6,129

TO QUALIFY BASED ON YOUR INCOME, YOU MUST PROVIDE COPIES OF ONE OR MORE OF THE DOCUMENTS LISTED BELOW. IF YOU PROVIDE DOCUMENTATION THAT DOES NOT COVER A FULL YEAR (SUCH AS CURRENT PAY STUBS), YOU MUST SUBMIT THREE (3) CONSECUTIVE MONTHS OF THE SAME TYPE OF DOCUMENT WITHIN THE PREVIOUS 12 MONTHS. YOU MUST DOCUMENT ALL OF YOUR HOUSEHOLD INCOME.

- | | |
|--|--|
| <input type="checkbox"/> Prior year's state, federal or tribal tax return | <input type="checkbox"/> Social Security benefits statement |
| <input type="checkbox"/> Divorce decree or child support document | <input type="checkbox"/> Veterans Administration benefits statement |
| <input type="checkbox"/> Federal or tribal notice letter of participation in Bureau of Indian Affairs General Assistance | <input type="checkbox"/> Unemployment/Workers Compensation benefits statement |
| <input type="checkbox"/> Retirement/Pension benefit statement | <input type="checkbox"/> Current income statement from employer or paycheck stub |

I CERTIFY THAT MY HOUSEHOLD INCOME IS AT OR BELOW 135% OF THE FEDERAL POVERTY GUIDELINES AND THAT I HAVE CORRECTLY INDICATED THE NUMBER OF PEOPLE IN MY HOUSEHOLD ABOVE.

_____ *Initial Here*

RESIDENTIAL ADDRESS (PO BOX NOT ACCEPTABLE, MUST BE YOUR PRINCIPAL STREET ADDRESS)

STREET ADDRESS: _____

Name of apt. complex/multi-resident facility: _____

Apt. No.: _____ Multi-resident facility room/bed No.: _____

City: _____ State: _____ Zip Code: _____

This address is: Permanent Temporary

BILLING ADDRESS (IF DIFFERENT FROM ADDRESS ABOVE)

STREET _____ CITY _____ STATE _____ ZIP _____

CUSTOMER CERTIFICATIONS

FEDERAL LAW REQUIRES UNION WIRELESS TO OBTAIN YOUR CERTIFICATION TO THE FOLLOWING STATEMENTS. PLEASE READ AND ACKNOWLEDGE YOU AGREE BY INITIALING EACH STATEMENT BELOW, UNDER PENALTY OF PERJURY:

To the best of my knowledge, no one in my household is receiving Lifeline service.

Initial Here

I certify that I am at least 18 years of age and not currently receiving a lifeline telephone service from any other landline or wireless telephone company. I will only receive Lifeline from Union Wireless and not from any other landline or wireless telephone company.

Initial Here

I authorize Union Wireless to access any records, including financial records, required to verify my eligibility for Lifeline service. I also authorize Union Wireless to transmit to the Lifeline Administrator all of the information I have provided on this form, as well as my telephone number and the start date and termination date (if any) for my Lifeline service. I understand that this information will be transmitted in order to ensure proper administration of the Lifeline program, and that I cannot receive Lifeline service if I do not consent to this information being transmitted.

Initial Here

I understand that I will be required to verify my continued eligibility for Union Wireless' Lifeline service at least annually, and that I may be required to verify my continued eligibility at anytime, and that failure to do so will result in termination of Lifeline benefits. I will notify Union Wireless immediately if I no longer qualify for Lifeline, or if I have a question as to whether I would still qualify.

Initial Here

By my signature below, I certify under penalty of perjury that I have read and understand this certification form and that I certify that the information contained in this form is true and correct to the best of my knowledge and that I understand that providing false information to receive Lifeline benefits is punishable by fine or imprisonment. I also acknowledge that I will be required to notify Union Wireless within thirty (30) days if my home address changes. In addition, if my address listed above is a temporary address, I understand that I must verify my address with Union Wireless as often as every ninety (90) days. Failure to provide such notification or verification will result in de-enrollment from the program.

Signature _____ Today's Date _____

For Company Use Only:

I certify that I have reviewed documentation (identified below) from the customer, and to the best of my knowledge, this documentation accurately represents the customer's participation in the program above, or that the customer's household income is at or below 135% of the Federal Poverty Guidelines.

Document reviewed: _____

Method provided: In person ___ U.S. Mail ___ Fax ___ E-mail___

Expiration date: _____

Printed Name of Union Wireless employee

Signature of Union Wireless employee