

LIFELINE ASSISTANCE APPLICATION
Certification Form

Office Use Only	
App ID	_____
Company Name	C.R.S.T Tel Authority
Company Code	1647
Customer provided following documentation: _____	
Name of HH member enrolled in program: _____	
Initials of reviewer: _____	

Please verify your eligibility:

1. Complete Section A Personal Information
2. Complete Section B **OR** Section C (on reverse side)
3. Complete Section D if applicable (on reverse side)
4. **Initial, sign and date the form in Section E on the reverse side**
5. **Attach a copy of your most recent telephone / internet bill and documents to support your eligibility**
6. **Mail the application, bill and documents** to Lifeline Administrator, 30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685

A. PERSONAL INFORMATION

The person below **MUST BE** the same person listed on the telephone bill. Please remember to complete Section E on the **reverse** side.

Full Legal Name _____
 Mailing Address _____

LL Telephone No. _____
 Service Address _____

Date of Birth: Month _____ Day _____ Year _____
 (Required)

Check if service address is temporary

Last 4 digits of SSN (Required): _____

Tribal ID No. _____

Tribal Lifeline

(Required) Applying for: Voice Only Voice with broadband (broadband does not meet the Minimum Service Standards) Bundled (both voice & broadband meet the Minimum Service Standards)

If applying for any of the Broadband services listed above, provide your Billing Account Number (BAN): _____

Lifeline is a federal government assistance 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. A household is defined, for the purposes of the Lifeline program, as any individual or group of individuals who live together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. A household may include related and unrelated persons. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in de-enrollment from the program and, potentially, prosecution by the U.S. government. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person.

B. PROGRAM-BASED ELIGIBILITY

Check all program(s) in which you, a dependent, or a household member is currently enrolled. **You must provide proof of program participation.** This could include a copy of your benefit ID card, a copy of an eligibility letter from an authorized agency or prior year's statement of benefits. (Do not send original documentation. Documents will not be returned.)

<input type="checkbox"/> Food Stamps/SNAP	<input type="checkbox"/> I am an individual living on tribal land (any federally recognized Indian Tribe's reservation, Pueblo, or Colony, and Indian allotments)
<input type="checkbox"/> Medicaid	If you checked the above box, please also indicate if you participate in any of the following programs:
<input type="checkbox"/> Federal Public Housing Assistance (FPHA)	
<input type="checkbox"/> Supplemental Security Income (SSI) (Not the same as Social Security Benefits)	<input type="checkbox"/> Tribal Head Start (those meeting the income qualifying standard)
<input type="checkbox"/> Veterans Pension & Survivors Benefits Programs	<input type="checkbox"/> Bureau of Indian Affairs (BIA) General Assistance programs
	<input type="checkbox"/> Tribally administered Temporary Assistance to Needy Families (TTANF)
	<input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR)
Benefit Qualifying Person (BQP): *The following information is required if your eligibility for Lifeline is currently based on another member of your household's participation in a qualifying program.	
Last Name: _____ First Name: _____ Date of Birth: _____ SSN 4: _____	

Complete page 2 

C. INCOME-BASED ELIGIBILITY

Calculate **TOTAL** household income by reporting the income of all adult persons residing in your home in the appropriate category:

Income Source	Amount	Household Size	Yearly Income
Prior year's State, Federal or Tribal tax return OR		You must	@ 135 % of Federal
Social Security; Retirement income		Circle One	Poverty Guidelines
Alimony or Child Support		1	\$16,389
Wages		2	\$22,221
Bureau of Indian Affairs General Assistance		3	\$28,053
Unemployment; Worker's Compensation		4	\$33,885
If you have more than 4 people in your household, write the number and add \$5,832 for each additional person.		_____	

You must attach proof of income as reported above, examples include:

- Prior year's State, Federal or Tribal tax return **OR**
- **Three months' worth** of your most recent paycheck stub(s) from all employers
- Most recent statement from each type of current income source(s) noted
- Social Security statement of benefits
- Veterans Administration statement of benefits
- Retirement/Pension statement of benefits
- Unemployment/Workmen's Compensation statement of benefits
- Child Support documentation
- Federal or Tribal notice letter of participation in Bureau of Indian Affairs General Assistance **OR**
- Divorce Decree

(Documentation will NOT be returned)

D. LIFELINE DISCOUNT BENEFIT TRANSFER

If you are currently receiving Lifeline from another provider and you wish to transfer your Lifeline discount to C.R.S.T Tel Authority, you MUST initial the following statement.

____ I authorize C.R.S.T Tel Authority to transfer any pre-existing Lifeline discount with a different provider to my C.R.S.T Tel Authority account, subject to all terms and conditions described in this application, understanding that only one Lifeline supported service is available per household. I realize that my pre-existing account may be subject to normal charges and fees until terminated by me.

E. SIGNATURE (This section must be filled out completely)

Please **read** the following statements, **initial** by **each** certification, and **sign** below. [Disclosure Statement: Perjury and false statements are punishable by fine and/or imprisonment under Title 18 of the U.S. Code.]

By signing below, I certify under penalty of perjury, to each and every one of the following:

- ____ 1 I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in 47 C.F.R. Section 54.409. I have provided documentation of eligibility;
- ____ 2 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;
- ____ 3 **(Only if applicable)** I was truthful about whether or not I am a resident of tribal lands, as defined in Section 54.400(e) of the Lifeline rules.
- ____ 4 If I move to a new address, I will provide that new address to the telephone company within 30 days;
- ____ 5 My household will receive only one (1) Lifeline service, and, to the best of my knowledge, my household is not already receiving a Lifeline service;
- ____ 6 I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. Section 54.405(e)(4);
- ____ 7 I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law;
- ____ 8 The information contained in the application and certification form is true and correct to the best of my knowledge; and
- ____ 9 I acknowledge that information from this certification will be given to the Lifeline Program and/or its agents for purpose of verifying that my household does not receive more than one benefit and that the Lifeline Program may require additional information in order to verify my eligibility.

X _____
Customer Signature

Date