

# Lifeline Verification Form

This signed authorization is required in order to enroll you in the Lifeline Program in your state. This authorization is only for the purpose of verifying your participation in these programs and will not be used for any other purpose. Service requests will not be processed until this form has been received and verified by Toledo personnel.

I authorize the company to access any records required to verify my statements on this form and to confirm my eligibility for the Lifeline program.

**Things to know about the Lifeline Program:**

- (1) Lifeline service is a federal benefit. Only eligible consumers may enroll in the program.**
- (2) Lifeline Service is available for only one line per household. A household cannot receive benefits from multiple providers; and**
- (3) 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.**

Applicant Information:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Social Security Number (or Tribal ID Number if no SSN): \_\_\_\_\_ (XXX-XX-XXXX)

Contact Telephone Number: \_\_\_\_\_

Residence Address (No P.O. Boxes. Must be your principal address.): **This address is:**  Permanent  Temporary  Multi-Household

\_\_\_\_\_ APT/ Floor /Other \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Billing Address (May Contain and P.O. Box)

\_\_\_\_\_ APT/ Floor/ Other \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ I hereby certify that I participate in at least one of the following programs: (Check all that apply)

*Initial Here*

- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (Section 8)
- Low- Income Home Energy Assistance Program (LIHEAP)
- National School Lunch Program (free lunch program)
- Temporary Assistance for Needy Families (TANF)
- Medicaid

\_\_\_\_\_ I hereby certify that I am an eligible resident of Tribal Lands (a reservation or other designated Tribal Land) and that I participate in at least one of the following programs (check all that apply)

*Initial Here*

- Bureau of Indian Affairs Gen Assistance
- Head Start (for those meeting income qualifying standard)
- Tribally-Administered Temp Assistance for Needy Families (TTANF)
- Food Distribution Program on Indian Reservations

\_\_\_\_\_ I certify that my household income is at or below 135% of the Federal Poverty Guidelines (FPG). There are \_\_\_\_\_ individuals in my household.

*Initial Here*

**FOR OFFICE USE ONLY**

Toledo Representative: \_\_\_\_\_

Documentation Verified: \_\_\_\_\_

Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I certify, under penalty of perjury: *(initial by Each Certification)*

\_\_\_\_\_ (1) The information contained in this form remains true and correct to the best of my knowledge and I acknowledge that willfully providing false or fraudulent information to receive Lifeline benefits is punishable by law with fines and imprisonment, and may result in de-enrollment or me being barred from the program.

\_\_\_\_\_ (2) I am a current recipient of the program checked above, or have an annual household income at or below 135% of the Federal Poverty Guidelines.

\_\_\_\_\_ (3) I have provided documentation of eligibility if required to do so.

\_\_\_\_\_ (4) I understand that I and my household can only have one Lifeline-supported telephone service. The company has explained the one-per household requirement to me. I understand that violation of the one-per-household requirement constitutes a violation of the FCC's rules and will result in my de-enrollment from the lifeline program, and could result in criminal prosecution by the United States Government.

\_\_\_\_\_ (5) I attest to the best of my knowledge, that I and no one in my household is receiving a Lifeline supported service from any other land line or wireless provider.

\_\_\_\_\_ (6) I understand my Lifeline service is non-transferable. I may not transfer my service to any individual, including another eligible low income consumer.

\_\_\_\_\_ (7) I understand that if my service goes unused for sixty (60) days, my service will be suspended , subject to a thirty (30) day period which I may use the service or contact the company to confirm that I want to continue receiving their service.

\_\_\_\_\_ (8) I will notify the company within thirty (30) days if I no longer qualify for Lifeline . I understand this requirement and may be subject to penalties if I fail to notify my phone company Specifically, I will notify my company if:

- (1) I cease to participate in the above federal or state program, or my annual household income exceeds 135% FPG;
- (2) I am receiving more than one Lifeline supported service;
- (3) I no longer satisfy the criteria for receiving Lifeline support;
- (4) Another member of my household is receiving Lifeline support.

\_\_\_\_\_ (9) I will notify the company within thirty (30) days of moving. Additionally, if my address listed above is a temporary address, I understand that I must verify my address with the company every ninety (90) days, If I fail to respond to the company's address verification attempts within thirty (30) days, my Lifeline service may be terminated.

Notice Information:

The ToledoTel  
PO Box 669, Toledo, WA 98591  
Tel: 360-864-4552  
Fax: 360-864-4488

\_\_\_\_\_ (10) The company has explained to me that I am required each year to re-certify my continued eligibility for Lifeline. If I fail to do so within thirty (30) days, it will result in the termination of my Lifeline service. I acknowledge that, in addition, I may be required to re-certify my continued eligibility at any time and failure to re-certify will result in de-enrollment and termination of my Lifeline benefits.

\_\_\_\_\_ (11) I authorize and understand that the company may provide to state and Federal agencies, as required by law, for the purposes of complying with the Lifeline program all the information related to my account including but not limited to my name, date of birth, social security, usage history, address and phone number. I understand that a failure to provide this consent will result in my being denied Lifeline service.

\_\_\_\_\_ (12) I understand that my name, telephone number, date of birth, last four digits of my social security number or tribal identification number, and address will be transmitted to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline subsidy. I understand that a failure to provide this consent will result in my being denied Lifeline service.

\_\_\_\_\_ (13) I understand that if USAC identifies I am receiving more than one Lifeline subsidy, all carriers involved may be notified so that I may select one service and be de-enrolled from the other.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT APPLICANT'S NAME