

#### **SECTION 1 – Applicant Information**

The person whose name is on the service provider bill **MUST** fill out this section.

Name of Service Provider Custon As it appears on your utility bill	mer:(please	e print)	
Mailing Address:		Home Address:  Required if Mailing Address is a PO B	ox
City:	Zip Code :	City:	_ Zip Code:
Telephone Number: ( )	<del>-</del>	Social Security Number: (Required)	
Email Address:		Birth Date (Required):	

#### YOU MUST:

- 1. Complete & sign the Texas Lifeline Certification Form
- 2. Complete both pages of the Texas Lifeline Application & sign page 1
- 3. Provide proof of your eligible Benefits or total Household Income
- 4. Include a copy of your latest service provider bill

If you do not provide the above documentation, you will not be able to get the Lifeline telephone/broadband discount.

#### **<u>Declaration</u>** (please read carefully and sign)

I certify that my household is receiving only one Lifeline discount. I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

I certify under penalty of perjury that my household receives a qualified benefit or my household has income at or below program guidelines and that I presented documentation that accurately represents my household income or participation in a qualified benefit program.

I certify that the information I have provided in this application is true and correct and I agree to participate in the Texas Lifeline program should I be eligible. I understand that the information provided is subject to audit and investigation by the Public Utility Commission of Texas

Commission of Texas.			CONTINUE
Sign Here —	Applicant's Signature	Date:	TO PAGE 2
	Mail completed application and	required documentation to:	

ANN CONTRACTOR OF THE CONTRACT

Assurance Wireless

P.O. Box 5040, Charleston, IL 61920-9907 Or Fax: 1-877-732-3018



## SECTION 2 - Income Enrollment Worksheet

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HOUSEHOLD SIZE - Number of people living in your household:	(Include all adults and children at this address)
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Your total household gross annual income from all sources cannot exceed these guidelines:

Number of persons in Household	3	4	5	6	7	8		
Total Household annual income (state)	\$19,140	\$25,860	\$32,580	\$39,300	\$46,020	\$52,740	\$59,460	\$66,180
Total Household annual income (federal)	\$17,226	\$23,274	\$29,322	\$35,370	\$41,418	\$47,466	\$53,514	\$59,562
				Frequ	iency			
Type of Income	Dollar A	Amount	(N	Ionthly, W	leekly, et	c.)		
Wages from Employment as shown on pay stub or W-2 Form								
Social Security								
Retirement Income								
Alimony or Child Support								
Unemployment or Worker's Compensation								
All Other Earnings								
			•					

# IF YOU ARE QUALIFYING USING YOUR TOTAL HOUSEHOLD INCOME YOU <u>MUST</u> PROVIDE PROOF OF HOUSEHOLD INCOME WITH THIS APPLICATION (provide all documents that apply)

- Copy of most recent pay stub(s) from all employers covering the last two months for all members of the household
- Your most recently filed tax return (must be signed) or W-2 form
- A signed letter from each employer indicating the level of your wage
- · Documentation of social security income
- Copy of an unemployment form with eligibility dates
- Copies of the two most recent unemployment checks
- Copy of the most recent bank statement showing direct deposit of income (for SSI, Social Security, annuity, pension)

## <u>SECTION 3 – Program Benefit Enrollment Worksheet</u>

Federal and State Qualification	State Qualification Only	Federal Qualification Only
] SNAP	□ Low-Income Energy Assistance	Veterans Pension Benefit or
] Medicaid	Program - LIHEAP	Survivors Pension Benefit
Health Benefit Coverage under Child Health Plan (CHIP)	<ul><li>□ National School Lunch Program - Free Lunch Program</li></ul>	
Federal Public Housing Assistance Supplemental Security Income-SSI	☐ Temporary Assistance for Needy Families (TANF)	

# IF YOU ARE QUALIFYING BECAUSE OF ELIGIBILITY IN A QUALIFIED PROGRAM YOU <u>MUST</u> PROVIDE PROOF OF PROGRAM PARTICIPATION WITH THIS APPLICATION

- Copy of a letter from a government agency showing eligibility for the qualified benefit
- Copy of a Medicaid card for the eligible individual
- · Federal Public Housing rental agreement
- Note: a Lone Star Card is not an eligible document

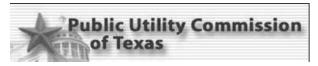
Eligible Resident of Tribal Lands (indicate which tribe):

**Provide documentation of tribe affiliation and participation in at least one of the following:** Bureau of Indian Affairs General Assistance, Tribally-Administered Temporary Assistance for Needy Families, Head Start (only those meeting its income qualifying standard), or the National School Lunch Program's free lunch program.

#### **Benefit Recipient**

Please	e provide t	the name	of the	person i	in your	household	who is	receiving	one	of the	eligible	benefits	listed	above
Note:	you must	provide p	roof th	at this p	erson p	articipates	in one	of the elig	gible <sub>l</sub>	progra	ms.			

Name of Benefit Recipient:	





### Low-Income Telephone/Broadband Discount Lifeline Certification Form

Full Name:	<del> </del>	You must provide this information:
Home Address (No PO box):		Date of Birth (mm/dd/yyyy):
Apt. # (if applicable)		Social Security Number/Tribal ID#:
City:	Zip Code:	Telephone # Receiving Lifeline Service:(Required for the telephone Lifeline service)
Billing Address:	· · · · · · · · · · · · · · · · · · ·	Telephone/Broadband Provider:
Apt. # (if applicable)		This is a Temporary Address: Yes No
City:	Zip Code:	Check if you live on Tribal Lands: □
Email Address:		
Best way to reach you: ☐ Email ☐ Pho	ne □ Text Message □ Mail	
If you qualify, your household can get Lifeli the benefit for one mobile phone or one ho mobile phone or your home connection, bu your mobile phone bundled service or your or Internet company. You are only allowed household gets Lifeline, you are breaking the Lifeline is non-transferable. You cannot give information on this form and on all Lifelinebenefit (i.e., de-enrollment or being barred include (but is not limited to) fines or imprise Qualify through a government program:	ne for phone or Internet service me phone, but not both. If you get Lifeline home bundled service, but not to get one Lifeline benefit per hoe FCC's rules and will lose your Lifeline benefit to anoth related forms or questionnaires from the program) and the Unit sonment.	e, but not both. If you get Lifeline for phone service, you can get get Lifeline for Internet service, you can get the benefit for your for bundled phone and internet service, you can get the benefit for both. Your household cannot get Lifeline from more than one phone household, not per person. If more than one person in your ur benefit.  The person, even if they qualify. You must give accurate and true is. If you give false or fraudulent information, you will lose your Lifeline ted States government can take legal actions against you. This may
Check all programs that you or someone  ☐ Supplemental Nutrition Assistance Pro	•	☐ Supplemental SecurityIncome (SSI)
☐ Medicaid (includes CHIP)	gram(SNAF) (FOOU Stamps)	☐ Federal Public Housing Assistance (FPHA)
☐ Veterans Pension or Survivors Benefit	Programs	Tederal abilitiousing/ballatioe (11117)
Tribal Specific Programs		
☐ Bureau of Indian Affairs (BIA) General	Assistance	☐ Food Distribution Program on Indian Reservations (FDPIR)
☐ Tribal Temporary Assistance for Needy	/Families (Tribal TANF)	☐ Tribal Head Start (only households that meet the income Qualifying standard)

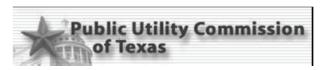
\*\*\*OR\*\*\*

**Qualify through your income:** (Only fill this out if you do not qualify through a government program)

Number of Household Members: \_\_\_\_\_

Number of persons in Household:	1	2	3	4	5	6	7	8
Total Household annual income (state)	\$19,140	\$25,860	\$32,580	\$39,300	\$46,020	\$52,740	\$59,460	\$66,180
Total Household annual income (federal)	\$17,226	\$23,274	\$29,322	\$35,370	\$41,418	\$47,466	\$53,514	\$59,562

•		tion (Answer only if a sales person submits this form.)
Full N	lame: (The	e name you use on official documents, like your Social Security Card or State ID. Not a nickname.)
Agen	t's ID num	ber:
Agen	t's Date of	Birth (mm/dd/yyyy):
Agre	ement:	
I agre	e under p	enalty of perjury to the following statements: (You must initial next to each statement.)
#1	Initial	I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).
#2	Initial	I agree that if I move I will give my service provider my new address within 30 days.
#3	Initial	<ol> <li>I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:         <ol> <li>I, or the person in my household that qualifies, do not qualify through a government program or income anymore.</li> </ol> </li> <li>Either I or someone in my household gets more than one Lifeline benefit (including, more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services).</li> </ol>
#4	Initial	I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit.
#5	 Initial	I agree that my service provider can give the Lifeline Program administrator all of the information I am giving on this form. I understand that this information is meant to help run the Lifeline Program and that if I do not let them give it to the Administrator, I will not be able to get Lifeline benefits.
#6	Initial	All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.
#7	Initial	I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.
#8	 Initial	My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.
#9	Initial	I was truthful about whether or not I am a resident of Tribal lands, as defined on the first page of this form.
receiv the Lif receiv benefi togeth anothe	e the Lifelir feline benefe the Lifelir t from more ter at the safer person, e	al benefit that makes monthly telephone and broadband service more affordable for eligible households. Your household may be benefit for telephone service OR broadband service, but not both. For Lifeline telephone service, your household may receive fit for one mobile OR one fixed home telephone service, but not both. For Lifeline broadband service, your household may be benefit for one mobile broadband OR one fixed broadband service, but not both. Your household may not receive the Lifeline be than one service provider. For the purpose of Lifeline, a household is an individual or any group of individuals who live arme address and share income or expenses. Lifeline is a non-transferable benefit. You may not transfer your Lifeline benefit to even if he or she is eligible. You will lose your Lifeline benefit and may be prosecuted by the United States government if you be er-household rule or otherwise make false statements to receive the Lifeline benefit.
Sian	ature:	Date:



### LIFELINE HOUSEHOLD WORKSHEET

What is your full legal name? (The name you use on official d	documents, like your Social Security Card or State ID. Not a nickname.)
First Name:	Middle Initial:
Last Name:	
What is your home address? (The address where you will get service. Do not use a P.O. Box.)	What is your billing/mailing address?
Home Address:	Billing Address:
Apt. # (if applicable)	Apt. # (if applicable)
City: Zip Code:	City: Zip Code:
Abo	out Lifeline
household, not per person. Use this worksheet if someone else at your address gets Lifeline.	The answers to these questions will help you find out if there is more than who live together and share income and expenses (even if they are not
Do you live with another adult?  Adults are people who are 18 years old or older, or who are er adult son or daughter, adult in your family, adult roommate, etc.	mancipated minors. This can include a spouse, domestic partner, parent, c.
If yes, answer question 2  2. Do they get Lifeline?	Please initial line B below and sign and
Yes No ———————————————————————————————————	
3. Do you share money (income and expenses) with there is an be the cost of bills, food, etc., and income. If you you should check yes for this question.  Yes  You do not qualify for Lifeline because a household already gets the benefit. You a get one Lifeline discount per household, not check this box	an address with more than one household and your household does not get Lifeline yet. Please initial lines A and B below and sign and date the worksheet.  Check this box
☐ ⚠ I live at an address with more than one hold limited B I understand that the one-per-household limited Rule and I will lose my Lifeline Benefit if I	imit is a Federal Communications Commission (FCC)
Signature	Today's Date