



SECTION 1 –Applicant Information

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

Name of Service Provider Customer: _____
As it appears on your utility bill (please print)

Mailing Address: _____

Home Address: _____

Required if Mailing Address is a PO Box

City: _____ Zip Code : _____

City: _____ Zip Code: _____

Telephone Number: (____) ____ - ____

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.

Declaration *(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.

Sign Here

Applicant's Signature

Date: _____

**CONTINUE
TO PAGE 2**



Mail completed application and required documentation to:

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



Name of Benefit Recipient:



TX999999999999XB

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

Full Name: _____

Home Address (No PO box): _____

Apt. # (if applicable) _____

City: _____ Zip Code: _____

Billing Address: _____

Apt. # (if applicable) _____

City: _____ Zip Code: _____

Email Address: _____

Best way to reach you: ☐ Email ☐ Phone ☐ Text Message ☐ Mail**You must provide this information:**

Date of Birth (mm/dd/yyyy): _____

Social Security Number/Tribal ID#: _____

Telephone # Receiving Lifeline Service: _____
(Required for the telephone Lifeline service)

Telephone/Broadband Provider: _____

This is a Temporary Address: Yes _____ No _____

Check if you live on Tribal Lands: ☐**ONLY ONE LIFELINE BENEFIT IS ALLOWED PER HOUSEHOLD
YOU COULD LOSE YOUR LIFELINE BENEFIT IF YOU VIOLATE THIS RULE**

If you qualify, your household can get Lifeline for phone or Internet service, but not both. **If you get Lifeline for phone service**, you can get the benefit for one mobile phone or one home phone, but not both. **If you get Lifeline for Internet service**, you can get the benefit for your mobile phone or your home connection, but not both. **If you get Lifeline for bundled phone and internet service**, you can get the benefit for your mobile phone bundled service or your home bundled service, but not both. Your household cannot get Lifeline from more than one phone or Internet company. You are only allowed to get one Lifeline benefit per household, **not per person**. If more than one person in your household gets Lifeline, you are breaking the FCC's rules and will lose your benefit.

Lifeline is non-transferable. You cannot give your Lifeline benefit to another person, even if they qualify. You must give accurate and true information on this form and on all Lifeline-related forms or questionnaires. If you give false or fraudulent information, you will lose your Lifeline benefit (i.e., de-enrollment or being barred from the program) and the United States government can take legal actions against you. This may include (but is not limited to) fines or imprisonment.

Qualify through a government program:**Check all programs that you or someone in your household have:**

- | | |
|---|---|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) (Food Stamps) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Medicaid (includes CHIP) | <input type="checkbox"/> Federal Public Housing Assistance (FPHA) |
| <input type="checkbox"/> Veterans Pension or Survivors Benefit Programs | |

Tribal Specific Programs

- | | |
|---|---|
| <input type="checkbox"/> Bureau of Indian Affairs (BIA) General Assistance | <input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR) |
| <input type="checkbox"/> Tribal Temporary Assistance for Needy Families (Tribal TANF) | <input type="checkbox"/> 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

Agent Information (Answer only if a sales person submits this form.)

TX999999999999XB



Full Name: _____

(The name you use on official documents, like your Social Security Card or State ID. Not a nickname.)

Agent's ID number: _____

Agent's Date of Birth (mm/dd/yyyy): _____

Agreement:

I agree under penalty of perjury to the following statements: (You must initial next to each statement.)

- #1 _____ 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).
Initial
- #2 _____ I agree that if I move I will give my service provider my new address within 30 days.
Initial
- #3 _____ I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:
1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore.
2) 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).
Initial
- #4 _____ 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.
Initial
- #5 _____ 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.
Initial
- #6 _____ All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.
Initial
- #7 _____ 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.
Initial
- #8 _____ 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.
Initial
- #9 _____ I was truthful about whether or not I am a resident of Tribal lands, as defined on the first page of this form.
Initial

Lifeline is a federal benefit that makes monthly telephone and broadband service more affordable for eligible households. Your household may receive the Lifeline benefit for telephone service OR broadband service, but not both. For Lifeline telephone service, your household may receive the Lifeline benefit for one mobile OR one fixed home telephone service, but not both. For Lifeline broadband service, your household may receive the Lifeline benefit for one mobile broadband OR one fixed broadband service, but not both. Your household may not receive the Lifeline benefit from more than one service provider. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income or expenses. Lifeline is a non-transferable benefit. You may not transfer your Lifeline benefit to another person, even if he or she is eligible. You will lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive the Lifeline benefit.

Signature: _____ **Date:** _____



LIFELINE HOUSEHOLD WORKSHEET

What is your full legal name? (The name you use on official 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.)

Home Address: _____

Apt. # (if applicable) _____

City: _____ Zip Code: _____

What is your billing/mailling address?

Billing Address: _____

Apt. # (if applicable) _____

City: _____ Zip Code: _____

About Lifeline

Lifeline is a benefit that lowers the monthly cost of phone or internet service (not both). You are only allowed to get one Lifeline benefit per 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 one household at your address. A household is a group of people who live together and share income and expenses (even if they are not related to each other.)

1. Do you live with another adult?

Adults are people who are 18 years old or older, or who are emancipated minors. This can include a spouse, domestic partner, parent, adult son or daughter, adult in your family, adult roommate, etc.

☐ Yes

*If yes, answer
question 2*

☐ No

You can apply for Lifeline. You live in a household that does not get Lifeline yet. Please initial line B below and sign and date the worksheet.

☐ Check this box

2. Do they get Lifeline?

☐ Yes

*If yes, answer
question 3*

☐ No

3. Do you share money (income and expenses) with them?

This can be the cost of bills, food, etc., and income. If you are married, you should check yes for this question.

☐ Yes

☐ No

You do not qualify for Lifeline because someone in your household already gets the benefit. You are only allowed to get one Lifeline discount per household, not per person.

☐ Check this box

You can apply for Lifeline. You live at 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

☐ **(A)** I live at an address with more than one household.

☐ **(B)** I understand that the one-per-household limit is a Federal Communications Commission (FCC) Rule and I will lose my Lifeline Benefit if I break this rule.

Signature _____

Today's Date _____