ILLINOIS APPLICATION - LIFELINE ASSISTANCE PROGRAMS

Please Read All Instructions Before Completing

Please respond completely. Inaccurate or incomplete responses may cause your application to be rejected. The information on this application will only be used to assess your eligibility for Lifeline Assistance.

Telephone Number or Existing Account #	First Name	Middle Initial	Last Name	
Address Where Service Is Located (No PO Boxes)		City		State
This is my permanent address: yes ☐ no ☐		Zip Code		
Billing Address, City, State & Zip Code (If different from Service Address) (PO Boxes Allowed)				
Last 4 Digits of Social Security Number or Tribal Identification Number		Date of Birth		

PLEASE CHECK programs in which you or your household currently participate and attach a copy of eligibility documentation: (If qualifying under Income, see Income Guidelines below.)

☐ Federal Public Housing Assistance (FPHA) or Section 8	☐ Supplemental Security Income (SSI)
☐ National School Lunch Program's Free Lunch Program	☐ Medicaid
☐ Low Income Home Energy Assistance Program (LIHEAP)	☐ Temporary Assistance for Needy Families (TANF)
☐ Supplemental Nutrition Assistance Program (SNAP) Formerly Known As Food Stamps	

If you are applying for Lifeline assistance because a member of your household besides you participates in one of these programs, provide his/her name and certify that he/she is a member of your household here:

Name of Program Participant (please print)

_____

_____ (Please Initial) I certify that this program participant is a member of my household.

INCOME GUIDELINES: If you do not participate in any of the programs above, you may still be eligible for Lifeline Assistance if your annual household income is at or below the amounts shown below depending on the size of your household. PLEASE CHECK the corresponding box if you are eligible on this income basis. Please indicate the number of household members if more than 5.

Number in Household	135% of Federal Poverty Level
1 ☐	$15,080
2 ☐	$20,426
3 ☐	$25,772
4 ☐	$31,118
5 ☐	$36,464
For each additional household member add	$5,346
Number of household members:	No: _____

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION ABOUT THE LIFELINE PROGRAM BEFORE YOU SIGN BELOW:

- **Lifeline is a federal 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 and share income and expenses.**
- **A household is not permitted to receive Lifeline assistance from multiple telephone service providers. This includes both wireless and wireline providers.**
- **Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.**
- **Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.**

PLEASE READ AND INITIAL THE FOLLOWING:

I certify, under penalty of perjury, that:

_____ • I understand and consent to CenturyLink providing my Lifeline service account information, including but not limited to, my name, residential address, phone number, date of birth; the last 4 digits of my social security number; the date on which my Lifeline service was initiated/terminated, the amount of Lifeline support provided, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, CenturyLink will deny me Lifeline service.

_____ • I understand that if I am identified as receiving more than one Lifeline benefit, all telephone service providers involved may be notified so that I may select one service and be de-enrolled from the other(s).

_____ • My household meets the program-based or income-based eligibility criteria indicated above.

_____ • I must notify CenturyLink within 30 days if for any reason my household no longer satisfies the criteria for receiving Lifeline assistance. This includes if I no longer meet the income-based or program-based criteria for receiving Lifeline support, if I am receiving more than one Lifeline benefit, if another member of my household is receiving a Lifeline benefit, or for any other reason, my household no longer satisfies the criteria for receiving Lifeline support. Failure to notify CenturyLink may result in penalties and deenrollment from the program.

_____ • I must notify CenturyLink within 30 days if I move to a new address.

_____ • Only one Lifeline service benefit is available per household. To the best of my knowledge, my household is not already receiving a Lifeline service.

_____ • I understand that my CenturyLink Lifeline service is not transferrable. I may not transfer my service to any individual, including another eligible low-income consumer.

_____ • I understand that providing false or fraudulent information to receive Lifeline assistance is punishable by law.

_____ • I understand that I may be required to re-certify my household's eligibility for Lifeline assistance at any time, and if I fail to re-certify as to my continued eligibility, it will result in de-enrollment and the termination of my household's Lifeline assistance.

_____ • The information contained in this form is true and correct to the best of my knowledge.

_____ Date: _____

Lifeline Assistance Applicant Signature
(Must be the same name as on page one)

Please mail this completed application and any supporting documents to (Original Documents are not returned):

CenturyLink Data Services
555 Lake Border Drive
Apopka, FL 32703

Or

Fax to 1-866-810-7530

Application Checklist – Please provide the following:

1. Signed and completed Lifeline application form.
2. If applying based on program eligibility, a copy of a program identification card or other social service agency documentation showing current participation. Documentation for at least one program is necessary as proof of eligibility.
3. If applying based on the size and income level of customer's household[1], provide a copy of one of the following:
   - Last year's Federal or State Income Tax Return
   - Current Annual Income Statement from Employer
   - Paycheck stubs or other official document containing income information for any three consecutive months within the last twelve months
   - Social Security Statement of Benefits
   - Veteran's Administration Statement of Benefits
   - Retirement or Pension Statement of Benefits
   - Unemployment or Worker's Compensation Statement of Benefits
   - Letter of Participation in General Assistance
   - Divorce Decree or Child Support Documentation containing income information

If there are multiple unique households (as defined in question 1) at your address, please also complete and submit the Household Worksheet below. This will assist us in being able to respond promptly to your request for Lifeline benefits.

1. At some addresses, there are multiple unique households. A household is defined as a group of individuals who live together, at the same address, and share income and expenses. For example, apartments in an apartment building are usually unique households. Individuals living in a nursing home can be considered unique households. Are there adults living at your address who <u>are **not** part</u> of your household?
   _____**YES** _____**NO**

   - If you checked **YES**, <u>please read and initial line A</u> in the certification box below. Then, continue to question #2.
   - If you checked **NO**, please continue to question #2.

2. In addition to yourself, are there individuals living at your address who <u>are part</u> of your household? This could include your spouse, domestic partner, an adult relative, or a roommate. _____**YES** _____**NO**

   - If you checked **YES**, please continue to question #3.
   - If you checked **NO**, you do not need to answer the remaining questions. Please <u>read and initial line B</u> in the certification box below, and sign and date the worksheet.

3. Do any members of your household, including you, currently receive Lifeline discounts on a wireline or wireless phone? _____**YES** _____**NO**

   - If you checked **YES**, your household is not eligible for another Lifeline discount. <u>Please do not submit this application</u>. If the other Lifeline discount(s) are discontinued, you may submit an application at that time.
   - If you checked **NO**, <u>please initial line B below</u>, and sign and date the worksheet and mail it back.

CERTIFICATION

Please initial the certifications below based on your answers to the three questions above, sign and date this worksheet

A. ____ *I certify that I live at an address occupied by multiple households.*

B. ____ *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.*

Signature_____ Date_____

[1] 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 and share income and expenses.