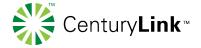


GEORGIA APPLICATION - LIFELINE ASSISTANCE PROGRAMS

Please Read All Instructions Before Completing

Please respond completely. <u>Inaccurate or incomplete responses may cause your application to be rejected.</u> The information on this application will only be used to assess your eligibility for Lifeline Assistance. <u>Information provided below should be that of the account holder.</u>

Telephone Number or Existing Account # Firs	st Name (No Ir	nitials)	Last Name	
Address Where Service Is Located (No PO Boxe	es)		City		State
Check here if this is a temporary address			Zip Code		
Check here if you participate in the Address Confidentiality Program	, City, Sta	te &	Zip Code (If differ	ent from Service Add	dress) (PO Boxes
Last 4 Digits of Social Security Number OR Triba		catio	n Number	Date of Birth	
SSN: Tribal	:				
PLEASE CHECK programs in which you or you digibility documentation: (If qualifying under	r Income,				copy of
Federal Public Housing Assistance (FPHA Section 8	A) or		Supplemental Se	ecurity Income (SSI)	
National School Lunch Program's Free Lu Program	ınch		Medicaid		
Low Income Home Energy Assistance Pro	ogram		Temporary Assis	stance for Needy Far	milies (TANF)
Supplemental Nutrition Assistance Progra (SNAP) Formerly Known As Food Stamps			Senior Citizen Local Gas or Po	ow-Income Discount wer Company	Plan Offered by
If you are applying for Lifeline assistance becone of these programs, provide his/her name Name of Program Participant (please print)					
(Please Initial) I certify that this progran	m participa	ant is	s a member of my	household.	
INCOME GUIDELINES: Documentation Requipment still be eligible for Lifeline Assistance if you below depending on the size of your household this income basis. Please indicate the number of	our annua d. PLEAS	al hou SE C	usehold income is HECK the corres	s at or below the ar ponding box if you	nounts shown
Number in Household		IF YOUR TOTAL YEARLY HOUSEHOLD GROSS INCOME IS <u>AT</u> OR BELOW THE AMOUNTS LISTED, WHICH ARE:			
			135%	of Federal Poverty Lev	/el
1 🔲				\$16,038	
2 🔲				\$21,627	
3 🗆				\$27,216	
4 🗆				\$32,805	
5 ☐ For each additional household member ad	ld			\$38,394	
Tor each additional household member ad				\$5,616	
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.
- I understand that if I am currently receiving Lifeline benefits from another carrier, by submitting this form I am agreeing to discontinue receiving that other carrier's benefit and instead to received my one Lifeline benefit from CenturyLink.
- 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.

EACH OF THE FOLLOWING CERTIFICATIONS MUST BE CHECK-MARKED IN ORDER TO RECEIVE LIFELINE. FAILURE TO CHECK ANY OF THE CERTIFICATIONS BELOW WILL RESULT IN REJECTION OF

	YOUR	APPLICATION FORM.
		I certify, under penalty of perjury, that:
	•	I understand and consent to CenturyLink providing my Lifeline service 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, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents,
		the National Lifeline Accountability Database, and/or state agencies involved in Lifeline to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, I will not
		be able to receive Lifeline support on my CenturyLink account.
OX	•	My household meets the program-based or income-based eligibility criteria indicated above.
CHECK MARK EACH BOX	•	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
MA		deenrollment from the program.
K .		I must notify CenturyLink within 30 days if I move to a new address.
HEC		Only one Lifeline service benefit is available per household. To the best of my knowledge, my household is not already receiving a Lifeline service.
C	<u> </u>	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:
	Lifelin	e Assistance Applicant Signature
		oe the CenturyLink account holder listed at the top of page one)
		lved complaints concerning Lifeline service can be directed to the Georgia Public Service Commission's Consumer Unit at 404-656-4501 or 1-800-282-5813.

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

CenturyLink Data Services 555 Lake Border Drive Apopka, FL 32703

Fax to 1-866-810-7530

Customer Service: Former CenturyTel/Embarq: (855) 954-6546

Former Qwest: (888) 833-9522

Email: eRecords@CenturyLink.com



Application Checklist – Please provide the following:

- 1. Signed and completed Lifeline application form. Applicant name must be Account Holder name.
- 2. If applying based on program eligibility, a copy of a program award letter or government agency document containing your name, your address, the program name and the effective date of the award.
- 3. Only program cards that display your name, your address or state, program name and effective date will be accepted.
- 4. If applying based on the size and income level of customer's household, 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
 - Bank Statement is not valid proof of income.

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. Answer the questions below to determine if there is more than one household living at your address. Providing false information on this form may result in losing your Lifeline service and/or criminal penalties.

No. You are ELIGIBLE for Lifeline because no one in your household has Lifeline. Please SIGN below to certify that this is true.	Yes. Please answer question 2 below.
7	
Do you share expenses for bills, food, or other public assistance benefits, social security payme question #1 that has a Lifeline-discounted phone.	ents or other income) with the person in
No. You are ELIGIBLE for Lifeline because no one in your household has Lifeline. Please SIGN below to certify that this is true.	Yes. STOP. Do not sign the form. You are NOT ELIGIBLE because someone in your household already has Lifeline.

Former Qwest: (888) 833-9522 Email: eRecords@CenturyLink.com

Apopka, FL 32703