

## What is Lifeline?

Lifeline is a Federal program that offers telephone discounts to low-income consumers in all U.S. States and Territories. Those who qualify may receive discounts on monthly basic telephone services (Lifeline).

To determine your eligibility for Lifeline and to enroll in this program, contact your local Wilkes Telephone & Electric Company business office.

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## You may be eligible for the Lifeline program if you participate in any of the following programs:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- National School Lunch Program's Free Lunch Initiative
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (Section 8)
- Low-Income Home Energy (LIHEAP)
- Temporary Assistance for Needy Families (TANF)
- Food Distribution Program on Indian Reservations (FDPIR)
- Bureau of Indian Affairs General Assistance
- Tribally-Administered Temporary Assistance for Needy Families (TTANF)
- Head Start (if income eligibility criteria are met)
- State Assistance Programs (if applicable)
- Or if the household income is at or below 135% of the Federal Poverty Guidelines

WASHINGTON  
110 EAST LIBERTY STREET  
706-678-2121



LINCOLNTON  
155 SOUTH PEACHTREE STREET  
706-359-3111  
[WWW.NU-Z.NET](http://WWW.NU-Z.NET)  
[INFO@NU-Z.NET](mailto:INFO@NU-Z.NET)



## GET CONNECTED

### Learn More About Lifeline

Low Cost  
Phone Service Guide

 AFFORD A PHONE   
You may be eligible for greatly reduced local phone service.

The Lifeline program provides this benefit to eligible individuals and families.

Contact Your Local Business  
Office For More Information





**Lifeline Assistance Program Application and Certification Form**

Send completed form to: P O Box 277 or 110 E Liberty St, Washington, GA 30673  
Fax (706)-678-1003 or (706) 359-7700

Telephone Number for which Lifeline Credits are to apply: \_\_\_\_\_

Date: \_\_\_\_\_ CSR Completing Form: \_\_\_\_\_ SO# \_\_\_\_\_ SO Type \_\_\_\_\_

**Applicant/Responsible Party:**

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

Physical Address: \_\_\_\_\_

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

My Physical Address is:  Permanent  Temporary  Multi-Household

Billing Address: \_\_\_\_\_

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

Applicant/Responsible Party DOB: \_\_\_\_\_

Applicant/Responsible Party Last Four Digits of SSN: \_\_\_\_\_

Alternate Contact Telephone Number Where You Can Be Reached Or Receive Messages: \_\_\_\_\_

**= NOTICE =**

**Lifeline is a federal benefit; only one Lifeline service is allowed per household; a household cannot receive benefits from more than one telephone service provider; a household is defined as any individual or group of persons living together at the same address sharing income and expenses (an economic unit); and Lifeline is a non-transferrable benefit. Households receiving Lifeline benefits from more than one telephone company will be de-enrolled. Prosecution by the federal government for this offence is possible.**

Are you or any member of your household already receiving Lifeline benefits from a telephone company?

YES  NO If yes, please be aware that only one Lifeline benefit is allowed for each household.

**= PROGRAM ELIGIBILITY CRITERIA =**

\_\_\_\_\_(Please initial if applicable) I certify that either a member of my household or I participate in the below-marked assistance program. I understand I must provide satisfactory documentation of this participation to Wilkes Telephone & Electric Company (WTC).

Full legal name of the person who is qualifying for the Lifeline Benefit (i.e. whose name is on the SNAP card, Medicaid card, etc.): \_\_\_\_\_

Relationship to the telephone applicant: \_\_\_\_\_

- Supplemental Nutrition Assistance Program (SNAP)
- Low Income Home Energy Assistance (LIHEAP)
- National School Lunch Program's Free Lunch Program
- Temporary Assistance for Needy Families (TANF)
- Food Distribution Program on Indian Reservations (FDPIR)
- State Assistance Programs (if applicable)
- Tribally-Administered Temporary Assistance for Needy Families (TTANF)
- Medicaid
- Supplemental Security Income (SSI)
- Federal Public Housing (Sect 8)
- Bureau of Indian Affairs General Assistance
- Head Start (if income eligibility criteria are met)

**Please See Reverse Side For Certification**



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**= Or =**

\_\_\_\_\_(Please initial if applicable) I certify under penalty of perjury that my total household income is at or below 135% of the Federal Poverty Guidelines. I understand I must provide satisfactory documentation of this declaration to WTC.

Number Of People In Your Household \_\_\_\_\_

Household Size	Total Income	Household Size	Total Income
1	\$16,038	2	\$21,627
3	\$27,216	4	\$32,805
5	\$38,394	6	\$43,983
7	\$49,586	8	\$55,202
Add \$5,616 for each additional person			

**I am providing a photocopy of the following qualifying documents:**

- Prior year's state or federal tax return
- Current income statement from an employer
- Paycheck stubs for most recent 3 months
- Social Security statement of benefits
- Child Support Document
- Divorce decree
- Retirement/pension statement of benefits
- Unemployment/Workmen's Compensation statement of benefits
- Federal notice letter of participation in General Assistance
- Veterans Administration Statement of Benefits
- Other official document containing income information

**I certify under penalty of perjury the following (initial by each certification):**

\_\_\_\_\_ I currently meet Lifeline eligibility as indicated on Page One of this document.

\_\_\_\_\_ I will notify WTC within 30 days if I or my qualifying household member cease(s) to meet program eligibility as specified on Page One or, for any reason, no longer meet(s) all Lifeline eligibility criteria. I certify that I understand and agree to comply with this notification requirement under penalty of perjury and prosecution.

\_\_\_\_\_ If I move to a new address I will notify WTC within 30 days of my move.

\_\_\_\_\_ If my address is temporary, I understand that I may be required to verify my address with WTC every 90 days.

\_\_\_\_\_ I certify my household is not receiving nor will it receive Lifeline benefits from another telephone company such as Safelink, Assurance, and Reachout Wireless while enrolled in the Lifeline program with WTC.

\_\_\_\_\_ I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law and will result in program de-enrollment and possible program debarment, fines, or imprisonment.

\_\_\_\_\_ I acknowledge that I will be required to provide proof of continuing program eligibility at least once each year when notified by WTC, and any failure to do so, on my part, will result in de-enrollment from the Lifeline Assistance Program.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Space Reserved For Office Use**

- Date of eligibility review: \_\_\_\_\_
- Proof of applicants eligibility reviewed by: \_\_\_\_\_
- Date or expiration date of documentation: \_\_\_\_\_
- Identifying information about document submitted: \_\_\_\_\_
- Method the documentation was provided: \_\_\_\_\_
- Name on documentation demonstrating program participation: \_\_\_\_\_
- Certification that the individual named on the documentation who is demonstrating program participation is part of the applicant's household
- Certification that the individual named on the documentation who is demonstrating program participation does not already receive program supported service

**Unresolved complaints concerning Lifeline service can be directed to the Georgia Public Service Commission's Consumer Affairs Unit at 404-656-4501 or 1-800-282-5813**