

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: _____

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

Please See Reverse Side For Certification

= 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:

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

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