



# LIFELINE CERTIFICATION FORM STATE OF WASHINGTON

## SECTION 1 - RULES

**IMPORTANT:** Please read all of this form carefully and fill it out completely. If you have questions, please ask for help. Forms that are not completed accurately will be rejected resulting in a delay in your service or rejection of your application.

Lifeline is a Federal government benefit program that offers a discount from your monthly phone service. Lifeline service is available for only one line per household; a household is defined as any individual or group of individuals who live together at the same address and share income and expenses. Households are not permitted to receive benefits from multiple providers and you may not receive multiple Lifeline discounts. You may apply your Lifeline discount to either one landline or one wireless number, but you cannot have the discount on both.

Violation of the one-per-household requirement is a violation of Federal Rules and will result in your removal from the program and potential prosecution by the United States government. Applicants who willfully make false statements in order to obtain Lifeline benefits can be punished by fine or imprisonment or can be barred from the Lifeline program.

You will be required to annually re-certify that you continue to qualify for Lifeline benefits.

## SECTION 2 - ELIGIBILITY BY PROGRAM (complete either Section 2 or 3)

If you or a dependent residing in your household are receiving benefits from one or more of the programs listed below, please check all that apply. You must show proof of eligibility unless we are able to certify your participation through a state database.

- Temporary Assistance For Needy Families     State Supplemental Security Income (SSI)     Medicaid     Federal Public Housing Assistance
- Supplemental Nutrition Assistance Program (SNAP) (f/k/a Food Stamps)     Low Income Home Energy Assistance Program (LIHEAP)     National School Lunch Program's Free Lunch Program
- Refugee Assistance     State Family Assistance     Chore Services     Aged, Blind, or Disabled Cash Assistance Program (formerly General Assistance)     Community Options Program Entry System (COPEs)     Medical Assistance (incl. Medicare cost sharing program)
- Bureau Indian Affairs General Assistance     Head Start programs (income qualifying eligibility provision only)     Tribally Administered Temporary Assistance to Needy Families     Food Distribution Program on Indian Reservations (FDIR)

## SECTION 3 - ELIGIBILITY BY INCOME (complete either Section 2 or 3)

If your income is at or below 135% of the federal poverty guidelines, as shown below, you can qualify for Lifeline.

How many people are in your Household?

Number of people in household	Total Annual Income at:	Number of people in household	Total Annual Income at:	Number of people in household	Total Annual Income at:
1 person	\$15,080	3 people	\$25,772	5 people	\$36,464
2 people	\$20,426	4 people	\$31,118	Each additional person	\$5,346

TO QUALIFY FOR INCOME ELIGIBILITY, YOU MUST PROVIDE COPIES OF ONE OR MORE OF THE DOCUMENTS LISTED BELOW. IF YOU PROVIDE DOCUMENTATION THAT DOES NOT COVER A FULL YEAR (SUCH AS CURRENT PAY STUBS), YOU MUST SUBMIT THREE (3) CONSECUTIVE MONTHS OF THE SAME TYPE OF DOCUMENT WITHIN THE CURRENT CALENDAR YEAR.

- Prior year's state, federal, or tribal tax return    • Retirement/Pension benefit statement    • Unemployment/Workers Compensation benefits statement
- Divorce decree or child support document    • Social Security benefits statement    • Current income statement from employer or paycheck stub
- Federal or tribal notice letter of participation in Bureau of Indian Affairs General Assistance    • Veterans Administration benefits statement

## SECTION 4 - CUSTOMER INFORMATION

FIRST NAME:  MIDDLE INITIAL:  LAST NAME:

**RESIDENTIAL/PERMANENT ADDRESS** (PO BOX NOT ACCEPTABLE)

ADDRESS 1:  CITY:  STATE:  ZIP:

ADDRESS 2:

**TEMPORARY ADDRESS** (IF NO PERMANENT ADDRESS)(PO BOX NOT ACCEPTABLE)

ADDRESS 1:  CITY:  STATE:  ZIP:

ADDRESS 2:

**BILLING ADDRESS** (IF DIFFERENT FROM RESIDENTIAL/PERMANENT ADDRESS)

ADDRESS 1:  CITY:  STATE:  ZIP:

ADDRESS 2:

SOCIAL SECURITY NUMBER:  TRIBAL ID NUMBER:  DATE OF BIRTH:

CONTACT TELEPHONE NUMBER:  EMAIL ADDRESS:

## SECTION 5 - QUALIFYING BENEFICIARY (complete if Section 2 benefits are in a name other than applicant - ie Free Lunch Program)

First Name:  M:  Last Name:

## SECTION 6 - STATE REQUIRED CUSTOMER INFORMATION

9-Digit DSHS Client ID. (required)

**SECTION 7 - ONE PER HOUSEHOLD**

I acknowledge that, to the best of my knowledge, no one at my household is receiving Lifeline-supported service from any other provider.

(Customer Initials)

**SECTION 8 - CUSTOMER SIGNATURE**

PLEASE READ AND INITIAL THE FOLLOWING. BY SIGNING & INITIALLING BELOW, YOU ARE AGREEING TO THE FOLLOWING PROGRAM RULES:

I certify under penalty of perjury that I either participate in the indicated qualifying federal program or I meet the income qualification to establish my eligibility for Lifeline. If required to do so, I have provided accurate documentation of my eligibility.

I certify I am head of the household, I am not listed as a dependant on another person's tax return (unless over the age of 60) and the address listed is my primary residence.

I confirm local voice service discounts under the low income programs are limited to one per household and that my household is receiving no more than one Lifeline-supported service. If I am participating in another Lifeline program at the time I apply for YourTel America Lifeline service, I agree to cancel that Lifeline service with any other provider. I certify that I will only receive one Lifeline connection, will not have simultaneous or multiple Lifeline discounts with another provider. I understand that I must inform YourTel America within 30 days if I (1) no longer participate in a federal qualifying program or programs or my annual household income exceeds 135% of the Federal Poverty Guidelines; (2) I am receiving more than one Lifeline-supported service per household; or (3) I, for any other reason, no longer satisfy the criteria for receiving Lifeline support. I attest under penalty of perjury that I understand this notification requirement, and that I may be subject to penalties if I fail to follow this rule.

I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and that failure to do so will result in the termination of my Lifeline benefits.

I understand that Lifeline service is a non-transferable benefit, and that I may not transfer my service to any other individual, including another eligible low-income consumer.

I acknowledge and consent to the use of my name, telephone number, and address to be given to the Universal Service Administration Company (USAC) (the administrator of the program) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline benefit. I understand that refusal to grant this permission will mean I am not eligible for Lifeline service. I also authorize YourTel America to access any records required to verify my statements herein and to confirm my continued eligibility for Lifeline assistance.

I understand that if I move, I must provide a new address to YourTel America within 30 days of my move. I understand that if I provide a Temporary Address, I must verify with YourTel America every 90 days that I am using the same address. I understand that if I fail to do so, I will lose my Lifeline discount.

By my signature below I certify under penalty of perjury that I have read and understood this form and that I attest that the information contained in this application that I have provided is true and correct to the best of my knowledge and that I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law

Signature:  Today's Date:

**SECTION 9 - TRIBAL CERTIFICATION**

BY CHECKING HERE AND SIGNING ABOVE I CERTIFY THAT MY ADDRESS IS ON FEDERALLY RECOGNIZED TRIBAL LANDS

**SECTION 10 - INSTRUCTIONS**

Mail or Fax completed form to: YourTel America, Inc.  
Fax: 1-877-221-0011 Attention: Lifeline Department  
401 E Memorial Road, Suite 500, Oklahoma City, OK 73114-2287

**COMPANY USE ONLY**

I hereby certify that I have reviewed and verified the required documentation for the program(s) indicated by the applicant for the use of Lifeline eligibility or verified the applicant's eligibility via the available state database. I also certify that I have reviewed the necessary documentation to verify identity and address of the applicant, and I am aware that falsification of this is subject to termination or legal action by the company.

Company Representative - Print Full Name (No Initials)

ESN

Mobile Number

Company Representative Signature

Account Number

Date