



January 28, 2014

Mr. Im A. Prospect  
 123 Some Street  
 Apartment 101  
 Charleston, SC 29401

## AT&T South Carolina Lifeline Application

### Application for Lifeline

- 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; **NOTE: Must be verified by the FCC National Lifeline Accountability Database (NLAD) before you can be enrolled in Lifeline with AT&T**
- A household is defined, for 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 benefits from multiple providers
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's (or "FCC") rules and will result in the subscriber's de-enrollment from the program
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person

### How to apply: four steps

1. Choose whether you will apply because you participate in a qualifying program or because your total household income falls within the guidelines.
2. Fill out the form on the back. You must indicate your service address as well as your billing address (if not the same as your service address), as well as the last four digits of your SSN, and your date of birth.
3. You must provide photocopies of either the program or Income documents.
4. You must sign the bottom of the application indicating that you are complying with the Lifeline benefit rules.

### Qualifying Methods

You may qualify for Lifeline either because you participate in one of the following programs or because your income is within the following guidelines. **NOTE: You may receive Social Security and Medicare benefits, but to qualify for Lifeline, you must receive benefits from one of the following programs or your income must fall within the guidelines.**

You **MUST** send photocopies of any qualifying documentation. **NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.**

### Program Eligibility

• Supplemental Nutrition Assistance Program (SNAP)	• Low Income Home Energy Assistance Program (LIHEAP)
• Medicaid	• Temporary Assistance for Needy Families (TANF)
• Supplemental Security Income (SSI)	• Federal Public Housing/Section 8
• National School Lunch (NSL) - Free Lunch Program	

Documentation includes a photocopy of a card or an award letter.

### Income Eligibility

#### Annual Income 135% Thresholds Based on Household Size

1	2	3	4	5	6	7	8	For each add'l person
\$15,755	\$21,236	\$26,717	\$32,198	\$37,679	\$43,160	\$48,641	\$54,122	+ \$5,481/person

Call 1-855-301-0355 to inquire about Lifeline or send in the attached application.

SCD/D

# AT&T South Carolina Lifeline Application

When completed, mail or fax form to:  
AT&T Lifeline South Carolina Program, PO Box 4600, Waterloo, IA 50704-4600  
Fax to 1-800-295-7495

Customer Name: (full first and last name required) \_\_\_\_\_

Customer Service Address: \_\_\_\_\_

Please indicate if this is a temporary address

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

Customer Billing Address (If different from service address): \_\_\_\_\_

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

Customer's Home Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Customer's Social Security Number (last four digits): \_\_\_\_\_

Date of Birth xx/xx/xxxx: \_\_\_\_\_

month day year

Please choose 1 OR 2.

1. I certify that I, one or more of my dependents, or my household participate(s) in at least one of the following programs and I am providing a photocopy of a document that demonstrates my participation in one of these programs. NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

- |   |   |
|---|---|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Low-income Home Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> Medicaid   | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)     |
| <input type="checkbox"/> Federal Public Housing/Section 8                 | <input type="checkbox"/> National School Lunch (NSL) - Free Lunch Program   |
| <input type="checkbox"/> Supplemental Security Income (SSI)               |   |

If the program beneficiary is not the customer but is someone in the customer's household, provide the name of the beneficiary: (full first and last name required) \_\_\_\_\_

2. I certify that my total household income falls within the guidelines listed on Page 1 and I also certify that this is how many people live in my household (required): \_\_\_\_\_. 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"/> Divorce decree   |
| <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"/> Unemployment/Workmen's Compensation statement of benefits |   |

I certify, under penalty of perjury, that (check or initial by each certification): \*\*\* MUST BE COMPLETED TO BE APPROVED \*\*\*

\_\_\_ I meet the income-based or program-based eligibility criteria for receiving Lifeline, shown above.

\_\_\_ I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit.

\_\_\_ If I move to a new address, I will provide that new address to AT&T South Carolina within 30 days.

\_\_\_ My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.

\_\_\_ The information contained in this certification form is true and correct to the best of my knowledge.

\_\_\_ I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.

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

\_\_\_ I hereby authorize AT&T South Carolina to release any of my information contained in this Lifeline Application required for the administration of the Lifeline program to the FCC or its designee, including the Universal Service Administrative Company, and to any state and federal agency or its designee, as required by law.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For agent use only:

Type of document for program eligibility: \_\_\_\_\_

Type of document for income eligibility: \_\_\_\_\_