



**South Carolina Lifeline Application**

Name: (Please print) Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: (No P.O. Boxes) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing address: (if different than above) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is this address  Permanent  Temporary  Multi-Household Number of people living in your household \_\_\_\_\_

Tel. # (MUST be in your name) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Tel. # where you can be reached (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**1. I am currently participating in the following program(s): Check all that apply.** For verification, please provide proof by sending a copy of the programs benefit statement, notice, letter or other official participation document\*. **NOTE: DO NOT SEND ORIGINAL DOCUMENTS – ORIGINALS WILL NOT BE RETURNED**

- Temporary Assistance for Needy Families (TANF)\*
- Supplemental Nutrition Assistance Program (SNAP/Food Stamps)\*
- National School Lunch Program's free lunch program\*
- Medicaid\*
- Supplemental Security Income (SSI)\*
- Home Energy Assistance Program (HEAP)\*
- Federal Public Housing Assistance (Section 8)\*

**\*If the proof that you are sending is not in your name, you MUST fill out the statement below.**

I CERTIFY THAT \_\_\_\_\_ (name on proof) IS A MEMBER OF MY HOUSEHOLD AND IS NOT ALREADY RECEIVING LIFELINE BENEFITS FROM FRONTIER OR ANOTHER COMPANY.

**OR 2.  I do not participate in any programs listed in #1 above but my household income is at or below the Federal Poverty Guidelines of \$15,511.50 for a 1 person household, \$20,938.50 for a 2 persons, \$26,365.50 for 3 persons, and \$5,427.00 for each additional person.** For verification, please provide proof of by sending a copy of your most recent: federal or state tax return, income statement or W-2 from an employer, 3 months of pay stubs, Social Security benefit statement, Veteran's Administration benefit statement, retirement/pension benefits statement, Unemployment/Workmen's Compensation benefit statement, divorce decree, child support award, or other legal document that would show total current income. **NOTE: DO NOT SEND ORIGINAL DOCUMENTS – ORIGINALS WILL NOT BE RETURNED.**

**3. To be completed by ALL customers regardless of your selections in Sections 1 & 2.**

**I certify under penalty of perjury: Initial by each Certification line below:**

- \_\_\_\_\_(1) The information contained in my application remains true and correct to the best of my knowledge and I acknowledge that Lifeline is a federal benefit and that willfully providing false or fraudulent information to receive Lifeline benefits is punishable by law, may lead to fines, imprisonment, de-enrollment and may result in me being barred from the program.
- \_\_\_\_\_(2) I am a current recipient of the program checked above, or have an annual household income at or below the Federal Poverty Guidelines listed above.
- \_\_\_\_\_(3) I understand that my household can only have one Lifeline-supported telephone service. Frontier has explained the one-per household requirement. I understand that violation of the one per household requirement constitutes a violation of the FCC's rules and will result in my de-enrollment in the Lifeline program and could result in criminal prosecution by the United States government.
- \_\_\_\_\_(4) I attest to the best of my knowledge that neither I nor anyone else in my household receives a Lifeline-supported service from any other landline or wireless company. Household is defined as any individual or group of individuals who live together at the same address and share income and expenses.
- \_\_\_\_\_(5) I understand that my Frontier lifeline service is non-transferable and I may not transfer my service to any individual including any other eligible low-income customer.
- \_\_\_\_\_(6) I will notify Frontier within 30 days if I no longer qualify for lifeline. I understand this requirement and that I may be subject to penalties if I fail to notify Frontier. Specifically, I will notify Frontier if: 1) I cease to participate in the above federal or state program, or if my annual household income exceeds the income guidelines; 2) I am receiving more than one Lifeline service; or 3) I no longer satisfy the criteria for receiving Lifeline support.
- \_\_\_\_\_(7) I will notify Frontier within 30 days of moving. Additionally, if my address listed above is a temporary address, I understand that I must verify my address with Frontier every 90 days. If I fail to respond to Frontier address verification attempts within 30 days, my Lifeline service may be terminated.
- \_\_\_\_\_(8) Frontier has explained to me that I am required each year (or as requested) to recertify my continued eligibility for Lifeline. If I fail to do so within thirty (30) days, my Frontier Lifeline service will be terminated.
- \_\_\_\_\_(9) I authorize and understand that Frontier may provide to state and federal agencies, as required by law for the purpose of complying with the Lifeline program all of the information related to my account, including but not limited to my name, date of birth, social security number, address and phone number.
- \_\_\_\_\_(10) I understand that my telephone number, date of birth, last four digits of my social security number, and address will be divulged to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline subsidy.
- \_\_\_\_\_(11) I understand that if USAC identifies that I am receiving more than one Lifeline subsidy, all carriers involved may be notified so that I may select one service and be de-enrolled from the other.
- \_\_\_\_\_(12) I have provided documentation of eligibility along with this application.

Applicant Signature \_\_\_\_\_ Date of Birth (xx/xx/xxxx) \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_ Date \_\_\_\_\_

I am an "Authorized Representative" for this applicant and am submitting this form on behalf of this customer. I am willing to assist this applicant in seeking telephone service discounts.

Print "Authorized Representative" Name \_\_\_\_\_ Signature (Authorized. Rep) \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_ Date \_\_\_\_\_