FTC WIRELESS
LIFELINE INITIAL ENROLLMENT FORM

Lifeline is a federal benefit that makes monthly telephone service more affordable for eligible households. Your household may receive Lifeline on **one wireless** OR **one home telephone, but not both**. Your household may not receive the Lifeline benefit from more than one telephone company. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income or expenses. You may not transfer your Lifeline discount to another person, even if he or she is eligible. You may lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive Lifeline.

Please complete the form below. You must give proof of eligibility with your application. **Send the completed the form and proof of eligibility to: FTC Wireless, 1101 E Main Street, Kingstree, SC 29556.**

Applicant Name _____ Phone Number _____

Email Address _____ Last 4 Digits of SSN _____ Date of Birth _____

Home Address _____
Street Apt. City State Zip Code

Is your home address permanent? ☐YES ☐NO

Billing Address _____
(If applicable) Street Apt. City State Zip Code

Person Eligible for Lifeline if Different than Applicant _____ Relationship to Applicant _____

Initial here	I give FTC Wireless permission to give my name, telephone number, and address to the Universal Service Administrative Company (USAC) or its agent to confirm that my household only receives one Lifeline benefit. If USAC finds that my household receives more than one Lifeline benefit, USAC will notify the telephone companies, and I will have to select one service and I will be de-enrolled from the other.

Check the appropriate statement

☐I certify that I, my dependent, or someone else in my household receives assistance from at least one of the programs listed below and that I have provided proof of eligibility with my application. (*Please check all that apply*)

☐Federal Public Housing Assistance/Section 8 ☐Low Income Home Energy Assistance (LIHEAP) ☐Medicaid
☐National School Lunch free lunch program ☐Supplemental Security Income (SSI) ☐Supplemental Nutrition Assistance Program (Food Stamps) ☐Temporary Assistance for Needy Families (TANF)

OR

☐I certify that my household income is at or below 135% of the Federal Poverty Guidelines

Number of people in your household ☐

Household Size	Total Income	Household Size	Total Income
1	$15,512	3	$26,366
2	$20,939	4	$31,793
Add $5,427 for each additional person			

Initial each box	**I certify, under penalty of perjury, that:**
	My household receives only one Lifeline-supported service, and to the best of my knowledge, no one in my household receives Lifeline from another telephone company.
	I understand that I must notify FTC Wireless within 30 days: (1)if I move to a new address; (2) if I, or the eligible person in my household, stops participating in the qualifying program checked above, or if my household income exceeds 135% of the federal poverty guidelines; (3) if my household receives more than one Lifeline discounted telephone; or 4) if my household, for any reason, no longer meets the criteria to receive Lifeline support. I understand that I may be penalized for failing to make the above notifications.
	I understand that I must recertify my Lifeline eligibility every year and that I will lose my Lifeline benefit if I do not recertify each year.

By signing below, I certify under penalty of perjury, that the above information is true to the best of my knowledge. I understand that Lifeline is a government program and I may be punished if I knowingly provide false or untrue information to receive Lifeline. Punishment may include being fined, imprisoned, or barred from the Lifeline program.

Signature _____ **Date** _____

For Office Use Only: Type of documentation reviewed ☐ Income_____ ☐ Program_____

Date Reviewed_____ Reviewed by:_____ Lifeline Household Worksheet? ☐Yes ☐No