

# **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**

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

**OR**

**2.  I do not participate in any programs listed in #1 above but my household income is at or below 135% of Federal Poverty Guidelines of \$15,512 for a 1 person household, \$20,939 for a 2 persons, \$26,366 for 3 persons, and \$5,427 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.**

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 a bove, or have an annual household income at or below 135% of the Federal Poverty Guidelines

\_\_\_\_\_ (3) I understand that my household can only have one Lifeline-supported telephone service. 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 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 my company 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 my company. Specifically, I will notify my company 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 my company within 30 days of moving. Additionally, if my address listed above is a temporary address, I understand that I must verify my address with my company every 90 days. If I fail to respond to address verification attempts within 30 days, my Lifeline service may be terminated.

\_\_\_\_\_ (8) I understand 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 Lifeline service will be terminated.

\_\_\_\_\_ (9) I authorize and understand that my company 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

For agent use only:

Type of document for program eligibility:

Type of document for income eligibility