

Telecircuit Network Corporation
P.O. Box 958283 Duluth, GA 30095

LIFELINE APPLICATION

This signed authorization is required in order to enroll you in the Lifeline Program in your state. This authorization is only for the purpose of verifying your participation in these programs and will not be used for any purpose other than Lifeline. Service requests will not be processed until this form has been received and verified by Telecircuit. I authorize Telecircuit to access any records required to verify my statements on this form and to confirm my eligibility for the Lifeline program.

Things to know about the Lifeline Program:

- (1) Lifeline is a federal benefit.
- (2) Lifeline Service is available for only one line per household. A household cannot receive benefits from multiple providers; and
- (3) 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.

Applicant Information:

First Name: _____ MI: _____ Last Name: _____ Date of Birth: Month ___ Day ___ Year _____

Social Security Number or Tribal ID Number (Last 4 digits): _____ Contact Telephone Number: _____

Residence Address (No P.O. Boxes, must be your principal address): This address is Permanent Temporary Multi-Household
_____ APT/ Floor/ Other _____ City: _____ State: _____ ZIP Code: _____

Billing Address (May Contain a P.O. Box)
_____ APT/ Floor/ Other _____ City: _____ State: _____ ZIP Code: _____

_____ I hereby certify that I participate in at least one of the following programs: (Check all that apply)
Initial Here

- _____ Supplemental Nutrition Assistance Program (SNAP)
- _____ Medicaid
- _____ Supplemental Security Income (SSI)
- _____ Federal Public Housing Assistance
- _____ Income-based eligibility
- _____ Low-Income Veterans and Survivors Pension benefit

_____ I certify that my household income is at or below 135% of the Federal Poverty Guidelines (FPG).
There are _____ individuals in my household.

I certify, under penalty of perjury: *(Initial by Each Certification)*

- _____ (1) The information contained in my application remains true and correct to the best of my knowledge and I acknowledge that willfully providing false or fraudulent information to receive Lifeline benefits is punishable by law 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 135 percent of the Federal Poverty Guidelines.
- _____ (3) I agree to provide documentation of eligibility as required.
- _____ (4) I understand that I and my household can only have one Lifeline-supported telephone service. Telecircuit 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 from the lifeline program, and could result in criminal prosecution by the United States Government.
- _____ (5) I attest to the best of my knowledge, that I and no one in my household is receiving a Lifeline supported service from any other land line or wireless company.
- _____ (6) I understand my Telecircuit Lifeline service is a non-transferable. I may not transfer my service to any individual, including another eligible low-income consumer.
- _____ (7) I understand that if my wireless service goes unused for sixty (60) days, my service will be suspended, subject to a thirty (30) day period which I may use the service or contact Telecircuit to confirm that I want to continue receiving their service.
- _____ (8) I will notify Telecircuit within thirty (30) days if I no longer qualify for Lifeline. I understand this requirement and may be subject to penalties if I fail to notify my phone company. Specifically, I will notify my company if my household:
 - (1) ceases to participate in the above federal or state program, or my annual household income exceeds 135% FPG.
 - (2) is receiving more than one Lifeline supported service;
 - (3) no longer satisfies the criteria for receiving Lifeline support.
- _____ (9) I will notify Telecircuit within thirty (30) days of moving. Additionally, if my address listed above is a temporary address, I understand that I must verify my address with Telecircuit every ninety (90) days. If I fail to respond to Telecircuit's address verification attempts within thirty (30) days, my Telecircuit Lifeline service may be terminated.
- _____ (10) Telecircuit has explained to me that I am required each year to re-certify my continued eligibility for Lifeline. If I fail to do so within thirty (30) days, it will result in the termination of my Telecircuit Lifeline service.
- _____ (11) I authorize and understand that Telecircuit may provide to state and Federal agencies, as required by law, for the purposes of complying with the Lifeline program all the information related to my account including but not limited to my name, date of birth, social security, usage history, address and phone number.
- _____ (12) I understand that my name, 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.
- _____ (13) I understand that if USAC identifies 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.
- _____ (14) I authorize the company to access any records required to verify my statements on this form and to confirm my eligibility for the Lifeline program.

FOR OFFICE USE ONLY:

Telecircuit Representative: _____
Documentation Verified: (description) _____
Representative Signature: _____
Date: _____
Is this a multi- family dwelling? _____

APPLICANT'S SIGNATURE

DATE