

APPLICATION FOR LIFELINE / LINK UP PROGRAM

About Lifeline and Link Up

Everyone deserves the ability to stay in touch, and with the Lifeline/Link Up Program at Cellular One, you can. The Lifeline/Link Up Program supported by the Universal Service Fund can provide a discount off your telephone bill. Only one Lifeline account is allowed per household, whether landline or wireless.

You may qualify for discounts if you are an adult (18 years or older) and if you or a dependent living in your household participates in certain low income programs, including Medicaid, SSI or Food Stamps, or if your total household income is below 135% of the Federal Poverty Guidelines. See Section 3 of this form for a list of all eligible programs. If you live on Tribal lands and qualify for Lifeline, you also may qualify for the Link Up discount off your first service activation fee.

Taxes, fees, long distance, phone accessories and calling features are not discounted. Some restrictions apply.

To apply, please fill out and sign this Application, attach any required documents listed on the application, and mail to:

CELLULARONE®
ATT: LIFELINE APPLICATIONS
295 East Swedesford Road, Suite 356
Wayne, PA 19087
FAX: 866-713-6859

If application is filed at a store, Cellular One Sales Rep to fill out:

Wireless Consultant Name

Phone Number

I certify that I reviewed the appropriate eligibility database to determine the above applicant's Lifeline eligibility status. Should an eligibility database not be available I certify, to the best of my knowledge and belief, the applicant demonstrated their eligibility with documentation and that I have reviewed such documentation for accuracy and legitimacy.

Specific Documentation Presented by Customer and Examined by Company Representative

Wireless Consultant Signature

Date

SECTION 1 –Applicant Information

The person whose name will be on the Cellular One account must fill out this section and must live at the address printed below.

Name as it will appear on your Cellular One bill – please print:

Last First Middle
Residential address (no PO Boxes, must be your principal address)
Street address: _____
Name of Apt. Complex/Multi Resident Facility: _____
Apt. No.: _____ or Multi Resident Facility Room/Bed No.: _____
City: _____ State: _____ Zip Code: _____

Billing address (PO Box is acceptable)

Same as residential address

Address: _____
City: _____ State: _____ Zip Code: _____

Your Telephone Number: (____) _____
Contact Number if Different: _____
Email address: _____
Social Security (last 4 digits only) or Tribal I.D. Number (last 4 digits only): _____
Date of Birth: _____

Number of People Living in Your Household: _____

I share an address with another person(s) at least 18 years of age. ___ Yes ___ No

If Yes, please complete the following:

Any such person(s) are part of a separate household, that is, these person(s) do(es) not share or contribute to my household's income and expenses. ___ Yes ___ No

Please note that if someone else currently receives a Lifeline-supported service at your address, you will be required to complete a separate worksheet to determine whether you are eligible to receive Lifeline support.

If you know whether you live on tribal lands, please complete:

I certify that I reside on a Federally recognized Tribal Land.

The name of the tribe is: _____

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SECTION 2 – Certification **All Applicants must complete this Section**

Please read and acknowledge you agree by initialing each statement below, under penalty of perjury.

_____ The information contained within this application is true and correct. I acknowledge that providing false or fraudulent documentation in order to demonstrate eligibility for the Lifeline program is punishable by fine or imprisonment, or both.

_____ I understand that Lifeline is a federal government benefit program and that only qualified persons may participate in the Lifeline program.

_____ **I understand that Lifeline is only available for one phone line per household, whether landline or wireless.** Other Lifeline providers in the State of Louisiana include, for example, AT&T, CenturyTel, Sprint, South Central Bell, and T-Mobile. To the best of my knowledge no one in my household is receiving Lifeline service. A household is defined, for purpose of the Lifeline program, as any individuals who live together at the same address and share income and expenses.

_____ I certify that I am at least 18 years of age and not currently receiving a Lifeline telephone service from any other landline or wireless telephone company. I will only receive Lifeline from Cellular One and no other landline or wireless telephone company.

_____ I will not transfer my service to any other individual, including another eligible low-income consumer.

_____ I authorize Cellular One to access any records required to verify my eligibility for Lifeline service. I also authorize Cellular One to release any of my records required for the administration of the Lifeline program.

_____ I understand that I will be required to verify my continued eligibility for Cellular One's Lifeline service at least annually, and that I may be required to verify my continued eligibility at anytime, and that failure to do so will result in termination of Lifeline benefits. I will notify Cellular One immediately if I no longer qualify for Lifeline, or if I have a question as to whether I would still qualify.

_____ I will notify Cellular One within thirty (30) days if my home address changes. If the address I have provided is a temporary address, I understand that I must verify my address as often as every ninety (90) days.

_____ I authorize Cellular One to contact me to notify me of annual Lifeline re-verification and the Company's 60 Day Non-usage reminder.

_____ I understand that completion of this Application is not immediate approval for Lifeline service.

X _____
Signature of Applicant _____
Date

Questions? Call Cellular One Customer Service ♦ 1-866-702-1248

SECTION 3 – Eligibility

A. I am applying based on participation in a low-income PROGRAM. I am providing documents showing that I currently participate in the following program(s) (check all that apply):

Qualifying Beneficiary: Complete this only if you are relying on a dependent residing in your household who is receiving benefits from one or more of the programs listed below.

Last Name First Middle

- Medicaid
- Food Stamps (Supplemental Nutritional Assistance Program)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (Section 8)
- Low-Income Home Energy Assistance Program (LIHEAP)
- National School Lunch Program's free lunch program
- Bureau of Indian Affairs general assistance (BIA)
- Tribally-Administered Temporary Assistance for Needy Families (TTANF)
- Food Distribution Program on Indian Reservations (FDPIR)

B. I am applying based on INCOME. The total household income of all persons in my household is below 135 percent of the federal poverty guidelines. I have filled out this section and provided the required documentation.

My total household gross annual income from all sources does not exceed these guidelines

Number of people in Household	1	2	3	4	5	6	7	8
Total Household annual income	\$15,512	\$20,939	\$26,366	\$37,793	\$37,220	\$42,647	\$48,074	\$53,501*

*For each additional person after 8 people, add \$5,427 per year. This includes adults and children.

PROVIDE PROOF OF HOUSEHOLD INCOME WITH THIS APPLICATION
(Please provide **copies** of all documents that apply - **Originals will not be returned.**)

If you provide documentation that does not cover a full year, you must submit 3 consecutive months of the same document issued within the previous 12 months.

- Current income statement from employer or paycheck stub
- Unemployment/Workers Compensation benefits statement
- Retirement/Pension benefit statement
- Prior year's state, federal or tribal tax return
- Social Security benefits statement
- Divorce decree or child support document
- Veterans Administration benefits statement