

**MID CENTURY TELEPHONE COOPERATIVE
LIFELINE ASSISTANCE CERTIFICATION FORM & LIFELINE HOUSEHOLD WORKSHEET**

You must return this form promptly to receive the Lifeline discount.
Your eligibility will be reviewed annually to continue to receive this benefit.

Name: _____ (Last) (First) (Middle)	Date of Birth: _____
Residential Address (may not be a PO box): Street: _____ City: _____ State: IL Zip Code: _____	Last 4 digits of Social Security Number: _____
Address is: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (must verify address every 90 days)	Telephone Number or existing Account Number: _____

Please answer the following questions:

1. Are you currently participating in any of the following programs? (Check and attach documentation for all that apply.)
 - Medical (Title XIX/Medicaid)
 - SNAP: Supplemental Nutrition Assistance Program (formerly Food Stamps)
 - SSI: Supplemental Security Income
 - Federal Public Housing Assistance (Section 8)
 - Veteran's Pension or Survivor's Pension Benefits

2. If you do not participate in any of the above programs, is your income at or below 135% of the Federal Poverty Guidelines?
 - Yes (*Proof of income is required.) If **Yes**, number of people living in your household: _____
 - No

3. Are you or anyone else in your household currently receiving any low-income assistance from any other landline or wireless phone provider, or broadband Internet provider?
 - Yes If **Yes**, complete the attached Lifeline Household Worksheet.
 - No

By signing below, I certify under penalty of perjury the information contained within this certification form is true and correct to the best of my knowledge:

- ✓ I have read the information on this certification form and understand that I must meet the qualifications listed on this form to receive assistance from this program.
- ✓ I understand that I must be a part of the household in which Lifeline-supported service is provided.
- ✓ I understand that willfully providing false or fraudulent information to receive a Lifeline benefit is punishable by law.
- ✓ I understand that Lifeline is a government benefit program and willfully making false statements in order to obtain that benefit can be punished by fine or imprisonment, or that I can be barred from the program.
- ✓ I agree to provide documentation of my eligibility, when required to do so.
- ✓ By participating in this government program, I consent to my personal information being provided to the national database and USAC. I understand that failure to comply will deny me the Lifeline benefit.
- ✓ I certify that my household is receiving no more than one Lifeline-supported service and understand violation of this requirement will result in de-enrollment from the program and could result in criminal prosecution.
- ✓ I understand that I may not transfer my service to any other individual.
- ✓ I acknowledge that I may be required to re-certify my eligibility for Lifeline at any time and failure to re-certify my continued eligibility will result in de-enrollment and termination of Lifeline benefits.
- ✓ I understand that I must notify my telecommunications provider within 30 days if I no longer qualify for Lifeline service and may be subject to penalties if I fail to do so.
- ✓ If I move to a new address, I agree to provide my new address to my telephone/broadband Internet provider within 30 days.
- ✓ I understand completion of this certification form does not constitute immediate acceptance into this program.

Signature _____ Date _____

LIFELINE HOUSEHOLD WORKSHEET

Lifeline Program support is a federal benefit that provides a monthly discount on home phone or broadband Internet service. **Only one Lifeline Program-supported service per household** is allowed under Federal law. Answer the questions on the following page to determine if there is more than one household living at your address, and if your household already receives a Lifeline Program benefit. **Providing false information on this form may result in losing your Lifeline Program-supported service and possible criminal penalties.**

- Your household is everyone who lives together at your address and contributes to, or shares in, the income and expenses of the household. Household expenses include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.
- Members of a household are not permitted to receive more than one Lifeline Program-supported service. You are receiving a copy of this form because records indicate that more than one person at this address is receiving a Lifeline Program benefit. Each person at this address who receives a Lifeline Program benefit and has not yet completed and returned a household worksheet will receive a copy of this form, pre-populated with his/her name, address and telephone number.
- If you DO NOT share income and expenses with the other adult(s) living at this address who receive Lifeline Program benefits, or there are no other adult(s) living at this address receiving Lifeline Program benefits, you **MUST STILL** sign this form to continue to receive your Lifeline Program benefit. If you fail to do so, you will be de-enrolled from your Lifeline Program benefit.
- If you live with another adult(s) who shares income and expenses with you and who has a Lifeline Program benefit on his or her phone service, your household is receiving more than one Lifeline Program benefit. If so, you **MUST** take the following steps: (1) consult with the other adult(s) in your household currently receiving a Lifeline Program benefit and decide who will keep the Lifeline Program benefit for the household; and (2) the person who will keep the Lifeline Program benefit, AND ONLY THAT PERSON will fill out the form IN FULL and return it to his or her telephone service provider within 30 of days of the date of this communication. The telephone number or account number listed on this form will be the number which will retain the Lifeline Program benefit.

If the PERSON IN YOUR HOUSEHOLD WHO WISHES TO KEEP THE LIFELINE PROGRAM BENEFIT FOR THE ENTIRE HOUSEHOLD HAS ALREADY PROVIDED a household worksheet to their service provider, then **NO FURTHER ACTION IS NECESSARY.** (The person named below does not need to sign and send this form to their Lifeline provider).

After 30 days of the date of this letter, all other subscribers at this address below who have not completed a household worksheet will NO LONGER have a Lifeline Program benefit.

Name _____ Telephone Number _____

Address _____
Street Apt. City State IL Zip

Does your husband, wife, or domestic partner living at your address have a lifeline Program-discounted phone or broadband service?

- Yes. If you are the person who will keep the Lifeline benefit, check Option B at the bottom and sign the form.
If you are not keeping your Lifeline benefit, DO NOT submit this form.
- No. Please answer question 2 below.

Does another adult (age 18 or older, or emancipated minor) live with you AND have a Lifeline Program-discounted phone or broadband service?

- Yes. Please answer question 3 below.
- No. Please check Option A below, and sign the form.

Do you share expense for bills, food, or other living expense AND share income with the person in question #2?

- Yes. If you are the person who will keep the Lifeline Program benefit, check Option B at the bottom and sign the form. If you are not keeping your Lifeline benefit, DO NOT submit this form.
- No. Please check Option A below, and sign the form.

Please check the box below for the one that applies to you:

- OPTION A. No one in my household, other than myself, is currently receiving a Lifeline Program benefit and therefore I may continue to receive a Lifeline Program benefit.
- OPTION B. There are others in my household that are currently receiving a Lifeline Program benefit; by signing this form I be the only member of this household to continue to receive a Lifeline Program benefit.
- OPTION C. There are other adults who reside at the above listed address who receive a Lifeline Program benefit but do not share income and expenses with me, therefore since I am the only member in my household receiving a Lifeline Program benefit, I may continue to receive that benefit.

I certify that the information provided above is true. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline Program benefits, and may be prosecuted by the United States government for violating the rules.

Signature _____ Date _____

12-1-2016