

Lifeline Application and Certification Form

Mail To ATMC, Attention: Lifeline, P.O. Box 3198, Shallotte, NC 28459 or FAX to 910-755-1873

Application for Lifeline

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline service is available per household.
- 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. A household is not permitted to receive Lifeline benefits from multiple providers.
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission’s (or “FCC”) rules and will result in the subscriber’s de-enrollment from the program.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

How to apply: four steps

1. Choose whether you will apply because you participate in a qualifying program or because your total household income falls within the guidelines listed below (Qualifying Methods/Program Eligibility).
2. Complete the Application Form. You must indicate your service address as well as your billing address (if not the same as your service address), as well as the last four digits of your SSN, and your date of birth.
3. You must provide photocopies of your qualifying program documents or your income documents.
4. You must sign the bottom of the application indicating that you are complying with the Lifeline benefit rules.

Qualifying Methods

You may qualify for Lifeline either because you participate in one of the following programs or because your income is within the following guidelines. **NOTE: You may receive Social Security and Medicare benefits, but to qualify for Lifeline, you must receive benefits from one of the following programs or your income must fall within the guidelines.** You MUST send photocopies of any qualifying documentation. NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION. Documentation includes a photocopy of a card or an award letter.

| Are You In Any of The Programs Listed Here? |
|---|
| Program Name |
| -Supplemental Nutrition Assistance Program (food stamps/SNAP) |
| -Federal Public Housing/Section 8 |
| -Medicaid |
| -Supplemental Security Income (SSI) |
| -Veterans Pension or Survivors Benefit |
| |
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| Do You Qualify By Your Income? | |
|--------------------------------|--|
| How Many People In Household? | Is Household’s Income Below This Amount? |
| 1 | \$16,281 |
| 2 | \$21,924 |
| 3 | \$27,567 |
| 4 | \$33,210 |
| 5 | \$38,853 |
| 6 | \$44,496 |
| 7 | \$50,139 |
| 8 | \$55,782 |
| Each Add’l. | + \$5,643/person |

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SECTION 1 – GENERAL INFORMATION

| | | |
|--|---|--|
| I am Applying for New Lifeline Benefit | I am Renewing my Lifeline Benefit | Transfer my Lifeline Benefit from another provider to ATMC |
| | | |

| | | | |
|---|---------------------|--|-----------------|
| Name of ATMC Member: | | Name of Qualifying Person (if different): | |
| Member DOB: | Member 4 digit SSN: | QP DOB: | QP 4 digit SSN: |
| Service Address (If ACP, do not complete this section): | | √ Check Here If Address is Temporary | |
| City: | State: | Zip: | |
| Billing Address (if different) (ACP must completed this section): | | | |
| City: | State: | Zip: | |
| Home Telephone: | | | |

SECTION 2 – PROGRAM ELIGIBILITY

ELIGIBILITY INFORMATION - I certify that I participate in at least one of the following programs (check all that apply) and I am providing a photocopy of a document that demonstrates my participation in one of these programs. NOTE: PROVIDE PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

| | | | |
|---|-----------------------|---|-----------------------|
| (E1)Medicaid | <input type="radio"/> | (E4)Federal Public Housing/Section 8 (FPHA) | <input type="radio"/> |
| (E2) Supplemental Nutrition Assistance (food stamps/SNAP) | <input type="radio"/> | (E15) Veterans Pension Benefit | <input type="radio"/> |
| (E3)Supplemental Security Income (SSI) | <input type="radio"/> | | <input type="radio"/> |

**If you check any of the boxes above (E1 – E4 or E15),
SKIP Section 3 and complete Section 4.**

SECTION 3 – INCOME ELIGIBILITY (DO NOT COMPLETE IF YOU HAVE COMPLETED SECTION 2)

I certify that my total household income falls within the guidelines listed on Page 1 and I also certify that this is how many people live in my household (required): Adults___ Children___. I am providing a photocopy of the following qualifying documents (check all that apply):

| | | | |
|---|-----------------------|---|-----------------------|
| (E13-1)Prior year’s state or federal tax return | <input type="radio"/> | (E13-7)Current income statement from an employer | <input type="radio"/> |
| (E13-2)Paycheck stubs for most recent 3 months | <input type="radio"/> | (E13-8)Social Security statement of benefits | <input type="radio"/> |
| (E13-3)Child Support document | <input type="radio"/> | (E13-9)Divorce decree | <input type="radio"/> |
| (E13-4)Retirement / pension statement of benefits | <input type="radio"/> | (E13-10)Unemployment statement of benefits | <input type="radio"/> |
| (E13-5)Workers Compensation statement of benefits | <input type="radio"/> | (E13-11)Veterans Administration benefits statement | <input type="radio"/> |
| (E13-6)Federal notice letter of participation in General Assistance | <input type="radio"/> | (E13-12)Other official document with income information | <input type="radio"/> |

You must complete the Certification on the following page before your application may be submitted.

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SECTION 4 – CERTIFICATION

I certify, under penalty of perjury, that:

1. I meet the income-based or program-based eligibility criteria for receiving Lifeline, shown in Section 2 or Section 3 of this form. (Initial here:)
2. I will notify ATMC within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit. (Initial here:)
3. If I move to a new address, I will provide that new address to ATMC within 30 days. (Initial here:)
4. My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service. (Initial here:)
5. The information contained in this certification form is true and correct to the best of my knowledge. (Initial here:)
6. I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits. (Initial here:)
7. I hereby authorize ATMC to release any of my information contained in this Lifeline Application required for administration of the Lifeline program to the Federal Communications Commission (“FCC”) or its designee, including the Universal Service Administrative Company (“USAC”), and to any state and federal agency, as required by law. (Initial here:)
8. If the box marked “Transfer” on Page 1 of this application is checked, I request and authorize ATMC to verify my eligibility and move my Lifeline benefits from my current provider to my ATMC Lifeline qualified service. (Initial here:)

Applicant’s Signature _____ **Date** _____

| FOR ATMC USE ONLY | | | | |
|---|---|---|---|--|
| Eligibility Verification (Steps Must Be Performed In Order) | | | | |
| <p style="text-align: center; margin: 0;"><u>Qualifier #1</u></p> <p style="text-align: center; margin: 0;">Is name in NLAD?</p> <p style="margin: 5px 0 0 0;">___ YES, proceed to Qualifier #2.</p> <p style="margin: 5px 0 0 0;">___ NO, proceed to Qualifier #3.</p> | <p style="text-align: center; margin: 0;"><u>Qualifier #2</u></p> <p style="text-align: center; margin: 0;">Has customer agreed to transfer their Lifeline service to ATMC?</p> <p style="margin: 5px 0 0 0;">___ YES, proceed to Qualifier #5.</p> <p style="margin: 5px 0 0 0;">___ NO, customer cannot be enrolled.</p> | <p style="text-align: center; margin: 0;"><u>Qualifier #3</u></p> <p style="text-align: center; margin: 0;">Is address in NLAD?</p> <p style="margin: 5px 0 0 0;">___ YES, proceed to Qualifier #4.</p> <p style="margin: 5px 0 0 0;">___ NO, proceed to Qualifier #5.</p> | <p style="text-align: center; margin: 0;"><u>Qualifier #4</u></p> <p style="text-align: center; margin: 0;">Has customer completed and signed Lifeline Household Worksheet?</p> <p style="margin: 5px 0 0 0;">___ YES, proceed to Qualifier# 5.</p> <p style="margin: 5px 0 0 0;">___ NO, customer cannot be enrolled.</p> | <p style="text-align: center; margin: 0;"><u>Qualifier #5</u></p> <p style="text-align: center; margin: 0;">Do customer’s documents prove eligibility?</p> <p style="margin: 5px 0 0 0;">___ YES, submit all forms to Lifeline Rep for processing.</p> <p style="margin: 5px 0 0 0;">___ NO, destroy documents and notify customer they do not qualify.</p> |
| Document Review | Circle below the program documents that were reviewed to Confirmed Eligibility | | | |
| <p>E1 E2 E3 E4 E15 or E13</p> | | | | |
| Select Service | | | | |
| <p>1. <input type="checkbox"/> Voice Only (LOSR) 2. <input type="checkbox"/> Broadband Only (Minimum standards apply) (LOSRBB) 3. Voice & Broadband</p> <p style="margin-left: 200px;">a. <input type="checkbox"/> Voice w/ TVD - BB 1.5 (LOSR) b. <input type="checkbox"/> Voice w/ TVD - BB 6M or 12M (LOSRVB)</p> <p style="margin-left: 200px;">c. <input type="checkbox"/> Voice w/ TV7 or TVI – BB less than 15M (LOSR) d. <input type="checkbox"/> Voice w/ TV7 or TVI - BB 15M or higher (LOSRVB)</p> | | | | |
| ATMC Employee Signature: _____ | | | Date: _____ | |
| | | | ATMC Member #: _____ | |