

Low-Income Telephone/Broadband Discount Program (Texas Lifeline) Enrollment Form

The Texas Lifeline Program can provide a discount off your monthly telephone/broadband bill.

What should I send in along with my application?

Along with your **signed** application, you must send in documentation that shows that you are eligible for a qualified benefit (SNAP, Medicaid, etc.) or documentation showing your total household income. You must also send the completed and signed Texas Lifeline Certification Form and, if you live with multiple families, you must send the completed and signed Texas Lifeline Household Worksheet.

What is the Texas Lifeline Discount?

The Texas Lifeline discount has two components, a state and a federal discount. The state discount is up to \$3.50 and the federal discount is up to \$9.25. The discounts received will be a reduction from your basic service charge.

What are the qualifications for the Texas Lifeline discount?

State qualifications: You can qualify for the state discount if anyone in your household receives SNAP, Medicaid, CHIP, LIHEAP, Federal Public Housing Assistance, TANF, National School Lunch Program – Free Lunch Program, SSI, or have a total household income at or below 150% of the poverty guideline.

Federal qualifications: You can qualify for the federal discount if anyone in your household receives SNAP, Medicaid, CHIP, Federal Public Housing Assistance, SSI, Veterans Pension Benefit or Survivors Benefit or have a total household income at or below 135% of the poverty guideline.

How do I know if I qualified for the Texas Lifeline discount?

If you provided an email address the status of your application will be sent to you as soon as we review your application. If you did not provide an email address, you will only be notified if you were not approved for the Texas Lifeline discount.

How long will it take before I see the discount on my bills?

We determine your eligibility during the last week of each month. If the information we have on file for you (i.e., name & address) matches the information provided by your service provider then you should see your discount on your next bill. Please note that the telephone/broadband discount will be applied to your bills throughout the year.

If you do not provide a completed and signed Certification Form and Household Worksheet (if applicable), you will not receive the federal portion of the Texas Lifeline telephone/broadband discount.

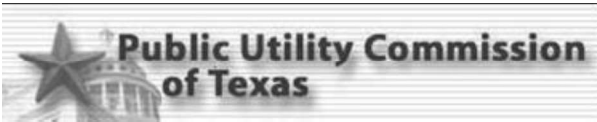
How often do I have to apply?

You need to submit an application at least every 7 months. If you are certified for the Texas Lifeline discount an application will be sent to you approximately two months prior to your expiration. If you change your address or telephone number, you should re-submit an application so that we can update your information.

Mail the completed signed application and required documentation to:

**Texas Lifeline
PO Box 4060
Killeen, Texas 76540-4060**

You may also FAX the signed application and required documentation to 1-877-215-8018



SECTION 1 –Applicant Information

The person whose name is on the service provider bill **MUST** fill out this section.

Name of Service Provider Customer: _____
As it appears on your utility bill (please print)

Mailing Address: _____ Home Address: _____
Required if Mailing Address is a PO Box

City: _____ Zip Code : _____ City: _____ Zip Code: _____

Telephone Number: (_____) _____ - _____ Social Security Number: _____ - _____ - _____
(Required)

Email Address: _____ Birth Date *(Required)*: _____

YOU MUST:

1. Complete & sign the Texas Lifeline Certification Form
2. Complete both pages of the Texas Lifeline Application & sign page 1
3. Provide proof of your eligible Benefits or total Household Income
4. Include a copy of your latest service provider bill

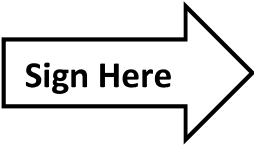
If you do not provide the above documentation, you will not be able to get the Lifeline telephone/broadband discount.

Declaration *(please read carefully and sign)*

I certify that my household is receiving only one Lifeline discount. I understand that violation of the one-per-household requirement is against the Federal Communication Commission’s rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

I certify under penalty of perjury that my household receives a qualified benefit or my household has income at or below program guidelines and that I presented documentation that accurately represents my household income or participation in a qualified benefit program.

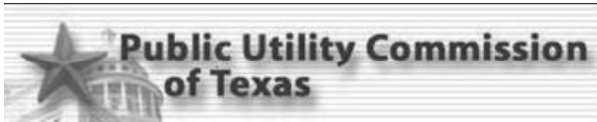
I certify that the information I have provided in this application is true and correct and I agree to participate in the Texas Lifeline program should I be eligible. I understand that the information provided is subject to audit and investigation by the Public Utility Commission of Texas.



_____ Date: _____
Applicant’s Signature

**CONTINUE
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Mail completed application and required documentation to:
Texas Lifeline
PO Box 4060
Killeen, Texas 76540-4060
FAX: 1-877-215-8018



SECTION 2 – Income Enrollment Worksheet

HOUSEHOLD SIZE – Number of people living in your household: _____ (Include all adults and children at this address)

Your total household gross annual income from all sources cannot exceed these guidelines:

Number of persons in Household	1	2	3	4	5	6	7	8
Total Household annual income (state)	\$18,735	\$25,365	\$31,995	\$38,625	\$45,255	\$51,885	\$58,515	\$65,145
Total Household annual income (federal)	\$16,862	\$22,829	\$28,796	\$34,763	\$40,730	\$46,697	\$52,664	\$58,631
Type of Income	Dollar Amount				Frequency (Monthly, Weekly, etc.)			
Wages from Employment as shown on pay stub or W-2 Form								
Social Security								
Retirement Income								
Alimony or Child Support								
Unemployment or Worker's Compensation								
All Other Earnings								

IF YOU ARE QUALIFYING USING YOUR TOTAL HOUSEHOLD INCOME YOU MUST PROVIDE PROOF OF HOUSEHOLD INCOME WITH THIS APPLICATION (provide all documents that apply)

- Copy of most recent pay stub(s) from all employers covering the last two months for all members of the household
- Your most recently filed tax return (**must be signed**) or W-2 form
- A signed letter from each employer indicating the level of your wage
- Documentation of social security income
- Copy of an unemployment form with eligibility dates
- Copies of the two most recent unemployment checks
- Copy of the most recent bank statement showing direct deposit of income (for SSI, Social Security, annuity, pension)

SECTION 3 – Program Benefit Enrollment Worksheet

Any Household Member who is eligible for any of these benefits makes the household eligible for the **Telephone/Broadband Discount (Lifeline)**

Federal and State Qualification	State Qualification Only	Federal Qualification Only
<input type="checkbox"/> SNAP <input type="checkbox"/> Medicaid <input type="checkbox"/> Health Benefit Coverage under Child Health Plan (CHIP) <input type="checkbox"/> Federal Public Housing Assistance <input type="checkbox"/> Supplemental Security Income-SSI	<input type="checkbox"/> Low-Income Energy Assistance Program - LIHEAP <input type="checkbox"/> National School Lunch Program - Free Lunch Program <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Veterans Pension Benefit or Survivors Pension Benefit

IF YOU ARE QUALIFYING BECAUSE OF ELIGIBILITY IN A QUALIFIED PROGRAM YOU MUST PROVIDE PROOF OF PROGRAM PARTICIPATION WITH THIS APPLICATION

- Copy of a letter from a government agency showing eligibility for the qualified benefit
- Copy of a Medicaid card for the eligible individual
- Federal Public Housing rental agreement
- Note: a Lone Star Card is not an eligible document

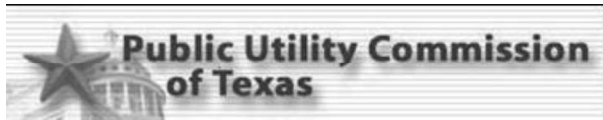
Eligible Resident of Tribal Lands (indicate which tribe): _____
Provide documentation of tribe affiliation and participation in at least one of the following: Bureau of Indian Affairs General Assistance, Tribally-Administered Temporary Assistance for Needy Families, Head Start (only those meeting its income qualifying standard), or the National School Lunch Program's free lunch program.

Benefit Recipient

Please provide the name of the person in your household who is receiving one of the eligible benefits listed above.

Note: you must provide proof that this person participates in one of the eligible programs.

Name of Benefit Recipient: _____



Low-Income Telephone/Broadband Discount Lifeline Certification Form

Full Name: _____

Home Address (No PO box): _____

Apt. # (if applicable) _____

City: _____ Zip Code: _____

Billing Address: _____

Apt. # (if applicable) _____

City: _____ Zip Code: _____

Email Address: _____

Best way to reach you: Email Phone Text Message Mail

You must provide this information:

Date of Birth (mm/dd/yyyy): _____

Social Security Number/Tribal ID#: _____

Telephone # Receiving Lifeline Service: _____
(Required for the telephone Lifeline service)

Telephone/Broadband Provider: _____

This is a Temporary Address: Yes _____ No _____

Check if you live on Tribal Lands:

ONLY ONE LIFELINE BENEFIT IS ALLOWED PER HOUSEHOLD YOU COULD LOSE YOUR LIFELINE BENEFIT IF YOU VIOLATE THIS RULE

If you qualify, your household can get Lifeline for phone or Internet service, but not both. **If you get Lifeline for phone service**, you can get the benefit for one mobile phone or one home phone, but not both. **If you get Lifeline for Internet service**, you can get the benefit for your mobile phone or your home connection, but not both. **If you get Lifeline for bundled phone and internet service**, you can get the benefit for your mobile phone bundled service or your home bundled service, but not both. Your household cannot get Lifeline from more than one phone or Internet company. You are only allowed to get one Lifeline benefit per household, **not per person**. If more than one person in your household gets Lifeline, you are breaking the FCC's rules and will lose your benefit.

Lifeline is non-transferable. You cannot give your Lifeline benefit to another person, even if they qualify. You must give accurate and true information on this form and on all Lifeline-related forms or questionnaires. If you give false or fraudulent information, you will lose your Lifeline benefit (i.e., de-enrollment or being barred from the program) and the United States government can take legal actions against you. This may include (but is not limited to) fines or imprisonment.

Qualify through a government program:

Check all programs that you or someone in your household have:

- | | |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) (Food Stamps) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Medicaid (includes CHIP) | <input type="checkbox"/> Federal Public Housing Assistance (FPHA) |
| <input type="checkbox"/> Veterans Pension or Survivors Benefit Programs | |

Tribal Specific Programs

- | | |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Bureau of Indian Affairs (BIA) General Assistance | <input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR) |
| <input type="checkbox"/> Tribal Temporary Assistance for Needy Families (Tribal TANF) | <input type="checkbox"/> Tribal Head Start (only households that meet the income Qualifying standard) |

OR

Qualify through your income:

(Only fill this out if you do not qualify through a government program)

Number of Household Members: _____

Number of persons in Household:	1	2	3	4	5	6	7	8
Total Household annual income (state)	\$18,735	\$25,365	\$31,995	\$38,625	\$45,255	\$51,885	\$58,515	\$65,145
Total Household annual income (federal)	\$16,862	\$22,829	\$28,796	\$34,763	\$40,730	\$46,697	\$52,664	\$58,631

Agent Information (Answer only if a sales person submits this form.)

Full Name: _____

(The name you use on official documents, like your Social Security Card or State ID. Not a nickname.)

Agent's ID number: _____

Agent's Date of Birth (mm/dd/yyyy): _____

Agreement:

I agree under penalty of perjury to the following statements: (You must initial next to each statement.)

- #1 _____ I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).
Initial
- #2 _____ I agree that if I move I will give my service provider my new address within 30 days.
Initial
- #3 _____ I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:
1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore.
2) Either I or someone in my household gets more than one Lifeline benefit (including, more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services).
Initial
- #4 _____ I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit.
Initial
- #5 _____ I agree that my service provider can give the Lifeline Program administrator all of the information I am giving on this form. I understand that this information is meant to help run the Lifeline Program and that if I do not let them give it to the Administrator, I will not be able to get Lifeline benefits.
Initial
- #6 _____ All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.
Initial
- #7 _____ I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.
Initial
- #8 _____ My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.
Initial
- #9 _____ I was truthful about whether or not I am a resident of Tribal lands, as defined on the first page of this form.
Initial

Lifeline is a federal benefit that makes monthly telephone and broadband service more affordable for eligible households. Your household may receive the Lifeline benefit for telephone service OR broadband service, but not both. For Lifeline telephone service, your household may receive the Lifeline benefit for one mobile OR one fixed home telephone service, but not both. For Lifeline broadband service, your household may receive the Lifeline benefit for one mobile broadband OR one fixed broadband service, but not both. Your household may not receive the Lifeline benefit from more than one service provider. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income or expenses. Lifeline is a non-transferable benefit. You may not transfer your Lifeline benefit to another person, even if he or she is eligible. You will lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive the Lifeline benefit.

Signature: _____ **Date:** _____