

Lifeline Program Application

Alabama, Arkansas, Iowa, Kentucky, Mississippi, N. Carolina, and S. Carolina

Lifeline is a federal program that helps qualified individuals pay for telephone service. It helps customers who have incomes at or below 135 percent of the federal poverty guidelines or receive help from any of the participating programs below.

The Lifeline program helps reduce the cost of basic monthly phone service for one telephone line. Customers who receive Lifeline assistance may also purchase optional services such as High Speed Internet or Caller ID at the normal cost.

- INSTRUCTIONS:**
1. Complete Section A. (required)
 2. If you are applying based on Program Participation, complete Section B. (if applicable)
 3. If you are applying based on Household Income, complete Sections C and D.
 4. Complete Section E. (required)

A. Applicant Information			
The applicant must NOT be a dependent for federal income tax purposes unless he or she is 60 years of age or older.			
Name: Last	First	M.I.	
Current Home Telephone Number:			
Residence Street Address (No P.O. Box, Must be your principal address):			Apt/Floor/Other
City	State	Zip	
This address is <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Multi-Household at same address (complete Household Worksheet.)			
Billing Address: (if different from street address)			
Date of Birth:		Social Security Number (last 4 digits only)	
How many people reside in your household? _____		No. of Dependents (including self) _____	

B. Eligibility Based on Program Participation

If you participate in one of the following programs, you are eligible for Lifeline – please put an “X” by the program(s) that apply to you and provide a copy of the applicable support. (If you select a program proceed to Section E).

- | | |
|---|---|
| <input type="checkbox"/> Federal Public Housing Assistance/Section 8 | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> National School Free Lunch Program |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps | |

C. Eligibility Based on Household Income

If you do not participate in one of the programs listed under “B” above, you may qualify based on **HOUSEHOLD Income**. The chart below lists the annual income amount that cannot be exceeded in order to qualify based on family size.

Family Size	Annual	Family Size	Annual
1	\$15,512	5	\$37,220
2	\$20,939	6	\$42,647
3	\$26,366	7	\$48,074
4	\$31,793	8	\$53,501

For Each additional person, add \$ 5,427

Please provide proof of all income (both taxable and non-taxable) for you and anyone in your home that is not a dependent. Such proof may include but is not limited to: W2, Paycheck Stubs; prior year state or federal tax return, etc.

If you are enrolling based on income, you must complete Section D on reverse side of form.

D. ADDITIONAL MEMBER OF HOUSEHOLD

If you completed Section C, you must complete the following information as well.

Is there anyone living in the home that is not a dependent of the applicant?
(If No, proceed to Section E)

YES NO

If Yes, please print the name below and provide proof of income as stated in Section C.

Name: Last	First	M.I.	Relationship to Applicant

E. PLEASE READ THE FOLLOWING PROGRAM RULES AND SIGN

Windstream is required by the Federal Communications Commission, or FCC, to verify your eligibility to participate in the Lifeline discount program and to advise you that willfully making false statements can result in fines, imprisonment, de-enrollment or being barred from the program. Each household is not permitted to receive Lifeline benefits from multiple providers.

Only one Lifeline discount is allowed per household. A household is defined as any individual or group of individuals who are living together at the same address as one economic unit. An economic unit consists of all adult individuals contributing to and sharing in the income and expense of a household.

To qualify for the Lifeline discount program you must certify the following statements are true and agree to abide by the program's rules. You must indicate your acknowledgement of each statement by a checkmark.

- I certify that the household in which I reside is not currently receiving a Lifeline discount from any other providers.

- I agree that the Lifeline service is a nontransferable benefit and may not be transferred to anyone, including another eligible low-income consumer.

- I agree to notify Windstream within 30 calendar days if I move to another address and provide the new address.

- I agree to notify Windstream within 30 calendar days if I am no longer, for any reason, receiving benefits from the federal or state program which qualified me for the Lifeline discount program, if my household income exceeds 135% of the Federal Poverty Guidelines, if I am receiving more than one Lifeline service, or if I no longer satisfy the criteria for receiving Lifeline support and I am subject to penalties if I fail to do so.

- I agree to participate in the certification of my continued eligibility in the Lifeline discount program on an annual basis.

- I agree to allow Windstream to provide the subscribers name, telephone number, and address to Universal Service Administrative Co (USAC) to verify my eligibility to participate in the Lifeline discount program.

I hereby certify under penalty of perjury that the information provided on this application is true and correct and reflects my current status of program participation or an accurate statement of HOUSEHOLD Income.

Signature of Applicant

Date

Return Completed Application and Proof Documents to:

Windstream Communications
ATTN: Support Services-Lifeline
1720 Galleria Boulevard
Charlotte, North Carolina 28270
FAX: (704) 849-7000

OR Email to WCI.Life.Line.Charlotte@windstream.com

Any questions, please contact Windstream at 1-800-347-1991

For Official Use Only

Eligibility Form Reviewed: _____

Reviewed By: _____

Representative Signature: _____

Date: _____