

Partner Communications Cooperative

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Iowa Lifeline Assistance Certification Form

*The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance. Any documentation received will be securely retained and will not be shared.**

(PLEASE PRINT)

Name:

(Last) (First) (Middle)

Residential Address: (may not be a P.O. Box)

(Street) (Apt. #) (City) (State) (Zip)

Check one below:

Permanent Address Temporary Address (must verify address every 90 days)

Is this address occupied by multiple households? _____ Yes _____ No

(see definition of household on next page)

Billing Address (if different than Residential Address):

(Street) (City) (State) (Zip)

Telephone number or existing account number: _____

Date of Birth:(mm/dd/yyyy)_____ Last 4 digits of Social Security #: _ _ _ _

Choose ONE service to apply the Lifeline discount: *(check with provider for availability)*

Telephone Broadband Internet Access Service ("BIAS") Service Bundle (Phone and BIAS)

Please answer the following questions:

1. Are you or anyone in your household currently participating in any of the following programs?
(Check one & attach documentation)*

- Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance)
- Supplemental Nutrition Assistance Program
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Veterans and Survivors Pension Benefit; **OR**

2. Is your income at or below 135 percent of the Federal Poverty Guidelines?
_____ Yes _____ No *(Proof of income is required*)*

If yes, how many persons are in your household? _____

3. Are you or anyone else in your household currently receiving any Lifeline assistance from any other wireline or wireless telephone provider, or any other BIAS provider?
_____ Yes _____ No

**Federal law requires your provider to review and securely retain this documentation. Federal law also prevents your provider from sharing these documents with unauthorized persons.*

Lifeline Household Worksheet

Only one Lifeline Program-supported service per household is allowed under Federal law.

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.

Answer the questions below 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 service and/or criminal penalties.


1. Does another adult (age 18 or emancipated minor) live with you **AND** have a Lifeline-discounted service or a "free" wireless Lifeline service? For example, husband, wife, domestic partner, parent, son, daughter, another relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.), a roommate, or another person.

_____ **No.** You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. Please **SIGN below** to certify that this is true and complete the rest of this form.

_____ **Yes.** Please answer question 2 below.

2. Do you share expenses for bills, good, or other living expenses **AND** share income (salary, public assistance benefits, social security payments or other income) with the person in question #1 that has a Lifeline-discounted service?

_____ **No.** You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. Please **SIGN below** to certify that this is true and complete the rest of this form.

_____ **Yes.**  Do NOT complete the rest of this form. You are **NOT ELIGIBLE** because someone in your household already has Lifeline.

I certify that the information provided above is true and that no one in my household already has Lifeline. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline benefits, and may be prosecuted by the United States government for violating the rules.

Signature

Date

Please check boxes below to verify you understand that:

- Lifeline is a federal benefit and that 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 Commission's rules and will result in the subscriber's de-enrollment from the program; and
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

By initialing each line and 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 certify** that I meet the income-based or program-based eligibility criteria for receiving Lifeline.

_____ **I certify** that I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline (for example, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, or if I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit).

_____ **I certify** that if I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, that I live on Tribal lands, as defined in federal law.

_____ **I certify** that if I move to a new address, I will provide that new address to the eligible telecommunications carrier within 30 days.

_____ I understand that my household will receive only one Lifeline service and, to the best of my knowledge, **I certify** that my household is not already receiving a Lifeline service.

_____ **I certify** that the information contained in this certification form is true and correct to the best of my knowledge,

_____ **I acknowledge** that providing false or fraudulent information to receive Lifeline benefits is punishable by law;

_____ **I acknowledge** that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

Signature _____ Date _____

Prompt return of this certification form to your local telecommunications or BIAS provider is necessary to ensure proper credits to your account. Certified Lifeline assistance subscribers will receive a re-certification form annually from their local telecommunications or BIAS provider and must return that form to their provider within 60 days to ensure the continuation of assistance benefits.

SERVICE PROVIDER USE ONLY

Telephone # or Account # associated with Lifeline service: _____

Initiation Date: _____ De-enrollment Date: _____

Type of documentation Reviewed: Award Letter Voucher Benefits card Income Statement Other _____

Identifying Information of Document Submitted: _____

Documentation Expiration date (if applicable): _____

Name on Documentation (if different from name of applicant): _____

Method documentation was provided: In Person Fax Mail Electronically

Reviewed by: _____ Date Reviewed: _____