

Illinois Telephone Corporation Lifeline Application

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. **Note: Must be verified by the FCC National Lifeline Accountability Database (NLAD) before you can be enrolled in Lifeline with Illinois Telephone Corporation.**
- 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:

1. Choose whether you will apply because you participate in a qualifying program or because your total household income is at or below the income guidelines provided below.
2. Complete the application form. Incomplete forms cannot be processed and will be returned. 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 either the program or income documents.
4. You must sign and date 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 household income is at or below the following guidelines. **NOTE: You may receive Social Security and Medicare benefits, but that does not qualify you to receive Lifeline benefits. Instead, to qualify for Lifeline, you must receive benefits from one of the following programs or your household income must be at or below the guidelines.**

NO DOCUMENTATION REQUIRED FOR RE-CERTIFICATIONS. You MUST send photocopies of any qualifying documentation. NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

Program Eligibility

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Low-income Home Energy Assistance Program (LIHEAP)
- National School Lunch (NSL) free lunch program
- Medicaid
- Federal Public Housing/Section 8
- Supplemental Security Income (SSI)

Documentation includes a photocopy of a card or an award letter.

Income Eligibility

Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size)								
1	2	3	4	5	6	7	8	Each add'l person
\$16,038	\$21,627	\$27,216	\$32,805	\$38,394	\$43,983	\$49,586	\$55,202	+ \$5,616 person

Call **1-800-480-4198** to inquire about Lifeline or if you need assistance.

Illinois Telephone Corporation Lifeline Application Form

When completed, mail or fax form to:

Illinois Telephone Corporation, PO Box 845, Hillside, IL 60162

Fax to 1- 708-632-5128

Customer Name: _____

Customer Service Address:

(Must be physical address, no PO Boxes allowed)

City: _____ State: _____ Zip Code: _____

Please check box if this is a temporary address

Customer Billing Address (If different from service address): _____

City: _____ State: _____ Zip Code: _____

Customer's Home Telephone Number: (_____) _____

Customer's Social Security Number (last four digits): _____

Customer's Date of Birth xx/xx/xxxx: _____

Please choose 1 OR 2.

1. I certify that I participate in at least one of the following programs and I am providing a photocopy of a document that demonstrates my participation in this program. NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION. **NO DOCUMENTATION REQUIRED FOR RE-CERTIFICATIONS.**

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

If the program beneficiary is not the customer but is someone in the customer's household, provide the name of the beneficiary: _____.

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**): _____. I am providing a photocopy of one of the following qualifying documents:

- | | |
|--|---|
| <input type="checkbox"/> Prior year's state or federal tax return | <input type="checkbox"/> Retirement / pension statement of benefits |
| <input type="checkbox"/> Current income statement from an employer | <input type="checkbox"/> Unemployment/Workmen's Compensation statement of benefits |
| <input type="checkbox"/> Paycheck stubs for most recent 3 months | <input type="checkbox"/> Federal notice letter of participation in General Assistance |
| <input type="checkbox"/> Social Security statement of benefits | <input type="checkbox"/> Veterans Administration Statement of Benefits |
| <input type="checkbox"/> Child Support document | <input type="checkbox"/> Other official document containing income information |
| <input type="checkbox"/> Divorce decree | |

I certify, under penalty of perjury, that: *MUST BE COMPLETED TO BE APPROVED*

- I meet the income-based or program-based eligibility criteria for receiving Lifeline, shown above.
- I will notify the carrier 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.
- If I move to a new address, I will provide that new address to Illinois Telephone Corporation within 30 days.
- My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.
- 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 my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.
- I hereby authorize Illinois Telephone Corporation to release any of my information contained in this Lifeline Application required for the administration of the Lifeline program to the FCC or its designee, including the Universal Service Administrative Company, and to any state and federal agency or its designee, as required by law.

Applicant's Signature

Date

For agent use only: Type of document for program or income _____