

NEVADA LIFELINE TELEPHONE APPLICATION

This signed application is required in order to enroll you in the Lifeline program as approved by the Federal Communications Commission (FCC). The form is only for the purpose of certifying your eligibility for the Lifeline or Tribal Link Up program and will not be used for any other purpose. PLEASE PRINT USING BLOCK CAPITAL LETTERS in black or blue ink only. When completed, please mail the form and copies of proof of eligibility to: **Nevada Lifeline Administrator, PO Box 431, Parsippany, NJ 07054-0431** -OR- you may fax completed form and copies of proof of eligibility to: **1-973-599-6535** -OR- email completed form and copies of proof of eligibility to **eligibility@nvlifeline.org**.

APPLICANT INFORMATION

First Name [] Middle Initial [] Last Name []
Service Address (Cannot be P.O. Box) []
City [] State [] Zip [] - [] Please check if this is a rural address: []
The above address is: [] PERMANENT [] TEMPORARY Lifeline Phone Number: [] - [] - []
Billing Address (if different from service address) []
City [] State [] Zip [] - []

STEP 1 - IMPORTANT DISCLOSURES

- Lifeline is a federal benefit that helps eligible consumers pay for telephone services by discounting the monthly service bill. Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
Only one Lifeline benefit per household is allowed. NOTE: Subscribers must be verified by the FCC National Lifeline Accountability Database (NLAD) before he/she can be enrolled in the Nevada Lifeline Program.
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 Federal Communications Commission 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.

[] By my initials and by signing this application, I confirm I have read and understand the disclosures provided above and hereby provide consent to the state of Nevada and my Eligible Telecommunications Provider selected in Step 2 to provide the information described above to the National Lifeline Accountability Database (NLAD) for inclusion in the database. (Failure to provide consent will result in being denied Lifeline service.)

STEP 2 - ELIGIBLE TELECOMMUNICATIONS CARRIER DECLARATION AND TRANSFER CONSENT

Please refer to the list below and enter the two number code for the Eligible Telecommunications Carrier that provides your service here: []

- 01 - Absolute Home Phones/Absolute Mobile 09 - CC Communications 17 - Q Link Wireless 25 - TerraCom Wireless
02 - Access Wireless 10 - Citizens Telephone Co. 18 - Reachout Wireless/ Nexus 26 - Total Call Mobile
03 - AT&T/ Nevada Bell 11 - Cox 19 - Rio Virgin Telephone & Cablevision 27 - Assurance Wireless
04 - Beehive 12 - Filer Mutual Telephone Co. 20 - Rural Telephone Company
05 - Blue Jay Wireless 13 - Frontier Communications 21 - Safelink Wireless
06 - Budget Mobile 14 - Lincoln County Telephone 22 - Tag Mobile
07 - CenturyLink 15 - Moapa Valley Telephone Co. 23 - Telrite
08 - Choice Wireless 16 - Humboldt Telephone Co. 24 - Tempo

[] By my initials and by signing this application, I authorize the state of Nevada and my Eligible Telecommunications Provider selected in Step 2 to transfer any pre-existing Lifeline benefit with another carrier to the carrier selected above, subject to all terms and conditions described in this application. I acknowledge that any pre-existing Lifeline discount with a carrier other than the carrier selected above will cease when this transfer becomes effective.

STEP 3 - ELIGIBILITY REQUIREMENTS

You may qualify for Lifeline either because (A) you participate in a qualifying government PROGRAM -OR- (B) your total annual household income is within INCOME guidelines (next page). Please select whether you are applying for Lifeline eligibility based upon (A) or (B).

(A) PROGRAM BASED ELIGIBILITY

I certify that I participate in at least one of the following programs (please check ALL that apply):

[] Medicaid (note: this is not the same as Medicare) [] Low Income Home Energy Assistance Program (LIHEAP)
[] Supplemental Nutrition Assistance Program (SNAP) [] Temporary Assistance to Needy Families (TANF)
[] Supplemental Security Income (SSI) [] National School Lunch - Free Lunch Program (NSLP)
[] Federal Public Housing or Section 8 [] State Program

*If you live on a tribal land/ reservation (as defined in Title 47 - Code of Federal Regulations, Section 54.400(e)), you may qualify for Lifeline if you participate in one of these additional qualifying programs. If applying for Lifeline based upon one of these programs, please initial by the below certification.

[] Bureau of Indian Affairs General Assistance*
[] Food Distribution Program on Indian Reservations*
[] Tribally Administered Temporary Assistance for Needy Families (TANF)*
[] Head Start (must meet income-qualifying standard)*

[] I certify, under penalty of perjury, that if I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, I live on Tribal lands.

APPLICATION CONTINUED ON BACK



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(B) INCOME BASED ELIGIBILITY

2016 FEDERAL POVERTY GUIDELINES*

This chart reflects the eligibility guidelines for customers in Nevada at 175% of the federal guidelines.

Total number of persons in my household is

Total annual household income is \$, .

Persons in Household	Annual Income Limits*
1	\$20,790
2	28,035
3	35,280
4	42,525
5	49,770
6	57,015
7	64,278
8	71,558
Over 8: Per each additional person	\$7,280

By my initials and by signing this application, I certify that my total household income is at or below 175% of the Federal Poverty Guidelines (Please refer to the chart on the right).

*New guidelines are published annually by the U.S. Department of Health and Human Services (DHHS)

STEP 4 - PROOF OF ELIGIBILITY

PHOTOCOPY (original documentation will not be returned) one or more of the following acceptable proofs of your eligibility from Step 3 and submit with this application.

(A) PROGRAM BASED ELIGIBILITY

I have attached copies of one or more of the documents listed below:

- The current or prior year's statement of benefits from the program(s) marked in Step 3
- A notice letter of participation in the program(s) marked in Step 3
- A program participation document from the program(s) marked in Step 3, for example, a SNAP electronic benefit transfer card or a Medicaid participation card
- Other official document proving your participation in the program(s) marked in Step 3.

Benefit Qualifying Person (Provide information below only if name is different from Applicant):

First Name Middle Initial Last Name

Household member receiving benefits Date of Birth: / / Last 4 digits of Social Security Number: Tribal ID: (if applicable)

(B) INCOME BASED ELIGIBILITY

I have attached copies of one or more of the documents listed below.

- Prior year's federal or state Tax return
- Unemployment/Workers Compensation benefit statement
- Current income statement from employer
- Veteran's Administration benefits statement
- Social Security benefits statement
- Paycheck stubs for most recent three (3) months
- Divorce Decree/child support document
- Retirement/Pension benefit statement
- Other official document containing income information
- Federal General Assistance Notice Letter

STEP 5 - SIGN AND DATE BY MY INITIALS AND BY SIGNING BELOW, I CERTIFY THAT:

Under penalty of perjury the information contained in this application is true and correct to the best of my knowledge.

I meet the program or income based eligibility criteria for receiving Lifeline benefits.

The telephone service for which I am requesting Lifeline is in my name and this Lifeline telephone account will represent the only Lifeline telephone service provided to my household, and I am aware that I can only receive the Lifeline telephone discount on one phone line (wireline or wireless).

(Only if applicable) If the address above is a temporary address, I may be required to verify my temporary address every 90 days.

If I move to another address, I will provide notice of that address to my carrier within 30 days.

I acknowledge that providing false or fraudulent documentation in order to receive Lifeline benefits is punishable by law.

I acknowledge that I may be required to re-certify my continued eligibility for Lifeline assistance at any time and that failure to do so will result in de-enrollment and termination of Lifeline service.

I understand that if I fail to re-certify my eligibility and I am de-enrolled, I will be required to pay the full published monthly recurring charges for my telephone service going forward.

If in the future I no longer participate in at least one of the federally qualifying programs or my total household income exceeds 175% of the Federal Poverty Guidelines listed in step 3, I begin receiving benefits from another carrier, or if conditions above change, I will promptly notify my carrier within thirty (30) days that I am no longer eligible for Lifeline assistance. In 12 months, I will need to re-certify my participation in the Lifeline program.

I affirm under penalty of perjury, that the foregoing representations are true. **This application will not be processed without a signature, date of birth and last 4 digits of Social Security Number (or Tribal ID, if applicable).**

Applicant's Signature: _____ Date: _____

Applicant's Date of Birth: / / Last 4 digits of Social Security Number: Tribal ID (if applicable):



LIFELINE HOUSEHOLD WORKSHEET

APPLICANT INFORMATION

Name:	
Service Address:	

Lifeline Telephone Number:	
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Lifeline Program support is a federal benefit that provides a monthly discount on home phone (i.e., landline phone) or cell phone service. **Only one Lifeline Program-supported service per household** is allowed under Federal law. 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 Program-supported service and possible criminal penalties.

Your household is everyone who lives together at your address and contributes to, or shares in, the income and expenses of the household. Members of a household are not permitted to receive more than one Lifeline Program-supported service. You are receiving a copy of this form because records indicate that more than one person at this address is receiving a Lifeline Program benefit. Each person at this address who receives a Lifeline Program benefit and has not yet completed and returned a household worksheet will receive a copy of this form, pre-populated with his/her name, address and telephone number.

If you DO NOT share income and expenses with the other adult(s) living at this address who receive Lifeline Program benefits, or there are no other adult(s) living at this address receiving Lifeline Program benefits, you MUST STILL sign this form to continue to receive your Lifeline Program benefit. If you fail to do so, you will be de-enrolled from your Lifeline Program benefit.

If you live with another adult(s) who shares income and expenses with you and who has a Lifeline Program benefit on his or her phone service, your household is receiving more than one Lifeline Program benefit. If so, you MUST take the following steps: (1) consult with the other adult(s) in your household currently receiving a Lifeline Program benefit and decide who will keep the Lifeline Program benefit for the household; and (2) the person who will keep the Lifeline Program benefit, AND ONLY THAT PERSON will fill out the form IN FULL and return it to his or her telephone service provider within 30 of days of the date of this communication. The telephone number listed on this form will be the number which will retain the Lifeline Program benefit.

If the PERSON IN YOUR HOUSEHOLD WHO WISHES TO KEEP THE LIFELINE PROGRAM BENEFIT FOR THE ENTIRE HOUSEHOLD HAS ALREADY PROVIDED a household worksheet to their service provider, then NO FURTHER ACTION IS NECESSARY. (The person named below does not need to sign and send this form to their ETC).

After 30 days of the date of this letter, all other subscribers at this address below who have not completed a household worksheet will NO LONGER have a Lifeline Program benefit.

1. Does your husband, wife, or domestic partner living at your address have a Lifeline Program-discounted phone service? (check NO, if you do not have a husband, wife, or domestic partner)

NO > If you checked NO, please answer question #2.

YES > If you checked YES, please discuss which of ONE you (either you, your husband, wife, or domestic partner) will keep the Lifeline Program benefit. If YOU are the person who will keep the Lifeline Program benefit, check OPTION B at the bottom and sign this Form. If you are not keeping your Lifeline Program benefit, DO NOT sign this form.

2. Does another adult (age 18 or older, or emancipated minor) live with AND have a Lifeline Program-discounted phone service? For example, parent, son, daughter, another relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.), a roommate, or another person.

NO > If you checked NO, you are ELIGIBLE for the Lifeline Program because no one in your household has a Lifeline Program benefit. Please check OPTION A below and SIGN THIS FORM.

YES > If you checked YES, please answer question #3.

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

NO > If you checked NO, you are ELIGIBLE for the Lifeline Program because no one in your household has a Lifeline Program benefit. Please check OPTION C below and SIGN THIS FORM.

YES > If you checked YES, please discuss which of ONE you will keep the Lifeline Program benefit. If YOU are the person who will keep the Lifeline Program benefit, check OPTION B at the bottom and sign this form. If you are not keeping your Lifeline Program benefit, DO NOT sign this form.

Please check the box below for the one that applies to you:

OPTION A. No one in my household, other than myself, is currently receiving a Lifeline Program benefit and therefore I may continue to receive a Lifeline Program benefit.

OPTION B. There are others in my household that are currently receiving a Lifeline Program benefit; by signing this form, I will be the only member of this household to continue to receive a Lifeline Program benefit.

OPTION C. There are other adults who reside at the above listed address who receive a Lifeline Program benefit but do not share income and expenses with me, therefore since I am the only member in my household receiving a Lifeline Program benefit, I may continue to receive that benefit.

I certify that the information provided above is true. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline Program benefits, and may be prosecuted by the United States government for violating the rules.

Applicant's Signature: _____ Date: _____

Please return the signed form to: **Nevada Lifeline Administrator, PO Box 431, Parsippany, NJ 07054-0431** -OR- you may fax completed form to: **1-973-599-6535** -OR- email completed form and copies of proof of eligibility to **eligibility@nvlifeline.org**.



06/08/2015



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