



Wabash Mutual Telephone Company  
**CERTIFICATION FOR LIFELINE SERVICE**

Please read carefully and, using a pen or keying in – fill out completely

Date: \_\_\_\_\_

\_\_\_\_ Initial Application    \_\_\_\_ Recertification Application (for Annual Review – Continuing Eligibility)

**Applicant Information:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

Please provide the last 4 digits of your Social Security Number \_\_\_\_ \_

**Applicant Residential Address:**

Number and Street: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(No PO Boxes permitted)

Check one:

- The address listed is my permanent address     The address listed is my temporary address

I certify under penalty of perjury that I or a member of my household meets the income-based or program-based eligibility criteria for receiving the Lifeline discount. I or a member of my household receives benefits from the following program (check only one program):

- TANF - Temporary Assistance for Needy Families/Ohio Works First
- Home Energy Assistance Program
- Medicaid
- General/Disability Assistance
- Supplemental Security Income (SSI)
- SSDI – Blind and Disabled
- SNAP (Supplemental Nutrition Assistance Program)/Food Stamps
- Section 8 Federal Public Housing Assistance
- National School Free Lunch Program
- Eligibility based on income (see below for income criteria)

**Along with this application, please attach or fax a photocopy (do not send an original) of one of the following:**

- your current or prior year’s statement of benefits from a qualifying state or federal program; or
- a notice letter of participation in a qualifying state or federal program; or
- a program participation document, for example, benefit card;
- or an official document indicating your participation in a qualifying state or federal program.
- for Income Eligibility you need to supply a copy of at least one of the following documents:
  - A prior year’s federal or state tax return
  - Current income statement from employer or W-2
  - Three consecutive months of the most current pay stubs
  - The most recent Social Security statement of benefits
  - The most recent Veteran’s Administration statement of benefits
  - The most recent retirement/pension statement of benefits
  - The most recent Unemployment or Worker’s Compensation statement of benefits
  - Any other legal document that would show your current income (such as a divorce decree or child support document)

**Income Eligibility Guidelines**

The following chart can be used to determine eligibility for the Lifeline discount program based solely on income level. You may qualify for the Lifeline discount program if your household annual income is at or below 135% of the Federal Poverty Guidelines. A household is defined as any individual or group of individuals who live together at the same address and share income and expenses.

The chart below lists the annual income amount that cannot be exceeded in order to qualify based on household size. If the annual income amount for your household size is more than the amount shown on the chart below you do not qualify for the Lifeline discount based solely on income.

Please indicate the number of individuals in your household \_\_\_\_\_

**2015 Annual Federal Poverty Guidelines**

Household Size	135%
1	\$15,890
2	\$21,506
3	\$27,122
4	\$32,738
5	\$38,354
6	\$43,970
7	\$49,586
8	\$55,202
For each additional person, add	\$5,616

**Please Read and Certify the Following Program Rules**

The Lifeline discount program is a federal benefit and willfully making false statements to obtain this benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Wabash Mutual Telephone is required by the Federal Communications Commission, or FCC, to verify your eligibility to participate in the Lifeline discount program.

**Under penalty of perjury you must certify the following statements are true to the best of your knowledge. Please indicate your acknowledgment of each statement below by initialing.**

**Only one Lifeline discount is allowed per household, consisting of either wireline or wireless service. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household requirement constitutes a violation of Federal Communications Commission rules and will result in your de-enrollment from the program, and potentially, prosecution by the United States government.**

A household is defined as any individual or group of individuals who live together at the same address and share income and expenses.

\_\_\_ I certify my household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.

Your name, telephone number, address and information contained in this application, as well as information associated with your Lifeline service may be provided to the Universal Service Administrative Company (USAC - administrator of the Lifeline discount program) and/or its agents for the purpose of verifying your household does not receive more than one Lifeline benefit. You will be denied Lifeline benefits if you fail to provide Wabash Mutual Telephone with consent to provide the specified information to USAC.

\_\_\_ I acknowledge and consent that Wabash Mutual Telephone may provide my name, telephone number, address and information contained in this application, as well as information associated with your Lifeline service to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I or another member of my household does not receive more than one Lifeline benefit.

\_\_\_ I agree to allow Wabash Mutual Telephone to exchange any necessary information with the appropriate federal or state agency, or fund administrator, to verify my eligibility to participate in the Lifeline discount program. Lifeline service is a non-transferable benefit. You may not transfer your Lifeline service to any individual, including another eligible low-income consumer.

\_\_\_ I agree not to transfer my Lifeline discount benefit to another person.

\_\_\_ I agree to notify Wabash Mutual Telephone within 30 calendar days if I move to another address and to provide the new address.

\_\_\_ I agree to notify Wabash Mutual Telephone within 30 calendar days if, for any reason, I or my household:

- No longer receive benefits from the federal or state program that qualified me for the Lifeline discount program.
- Annual household income exceeds the Federal Poverty amount listed on page 3 that qualified me for the Lifeline discount program.
- Receives more than one Lifeline benefit or another member of my household is receiving a Lifeline service.

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

\_\_\_ I agree to participate in the certification of my continued eligibility in the Lifeline discount.

\_\_\_ The information contained in this application 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 affix, under penalty of perjury, that the foregoing representations are true.

Applicant's Name (Please Print) \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_