Low-Income Telephone Assistance Program

Lifeline

Lifeline is a plan that assists qualified low-income Iowans by providing a monthly reduction of $9.25 on their local telephone bill.

<u>You may only receive low-income assistance from one wireline or wireless telephone provider per household.*</u>

NOTE:
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 expenses of a household.

Eligibility Requirements

To be eligible for Lifeline assistance, you must meet income-based criterion currently defined as at or below 135 % of the Federal Poverty Guidelines (see table inside) **OR** participate in at least one of the following programs:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families Program (TANF)
- National School Lunch Program (NSL)

In addition, you must not currently be receiving Lifeline assistance, and no other person in your household can be subscribed to the Lifeline program.

To Apply for Lifeline:

1. Complete the certification form attached to this brochure, (please include any supporting documents) and submit it to your local telecommunications provider's business office. This address can be found in your local telephone directory.

2. Re-certification forms are mailed to all subscribers every year. When you receive a re-certification form, complete and return it to your local telecommunications provider within 30 days. Your telecommunications provider will suspend your eligibility for low-income assistance if you do not return the re-certification form.

Federal Government Lifeline Program for Low-Income Telephone Assistance

Revised: January 2013

Courtesy of:

Iowa Telecommunications Association,
Iowa Utilities Board,
Rural Iowa Independent Telephone Association, and
your Local Telephone Company

Company Name _____

135 percent of federal poverty guidelines

(*As of January 24, 2013*)

Number of people living in home	Household Income (at or below)
1	$15,512
2	$20,939
3	$26,366
4	$31,793
5	$37,220
6	$42,647
7	$48,074
8	$53,501
* For each additional person	Add $5,427

Application Checklist

Please provide the following information:

1. A signed and completed Lifeline assistance certification form.

2. A copy of one of the following if applying based on the size and income level of a customer's household:

- Last year's federal or state income tax return
- Current annual income statement from employer
- Paycheck stubs for most recent three consecutive months
- Social Security statement of benefits
- Veteran's Administration statement of benefits
- Retirement or pension statement of benefits
- Unemployment or worker's compensation statement of benefits
- Letter of participation in general assistance
- Divorce decree or child support documentation

3. Supporting documentation of program-based eligibility if applying based on participation in any programs listed on the back of this brochure.

Acceptable documentation of program eligibility includes the current or prior year's statement of benefits from a qualifying assistance program, a notice, letter or documents of participation in a qualifying assistance program, or another official document demonstrating that you, or one or more of your dependents, or your household receives benefits from a qualifying assistance program. **These documents will not be kept or stored by the local telecommunications provider**.

For questions, please call your local telecommunications provider.

Company Name:_____

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 not be kept, shared or stored.

(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

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 #: _ _ _ _**

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

   ☐ Supplemental Security Income (SSI)

   ☐ Federal Public Housing Assistance Section 8

   ☐ Low-Income Home Energy Assistance Program (LIHEAP)

   ☐ Temporary Assistance to Needy Families Program (TANF)

   ☐ National School Lunch Program (NSL) Free Lunch Program; **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 telephone assistance from any other wireline or wireless telephone provider?
   _____ Yes _____ No

NOTE: Any documentation received with the certification form will not be kept or stored by the local telecommunications provider.

By 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 have read the information on this certification form and understand that I must meet the qualifications listed on this form to receive assistance from this program.

☐ I understand that the individual named on the documentation provided demonstrating program-based eligibility, if not me, is part of my household.

☐ I understand that willfully providing false or fraudulent information to receive a Lifeline benefit is punishable by law.

☐ I understand that Lifeline is a federal government benefit program and willfully making false statements in order to obtain that benefit can be punished by fine or imprisonment, or that I can be barred from the program.

☐ I agree to provide documentation of my eligibility, when required to do so.

☐ By participating in this government program, I agree to allow my provider to give my full name, full residential address, date of birth and the last four digits of my social security number to the national database. I understand that failure to comply will deny me the Lifeline benefit.

☐ I certify that my household is receiving no more than one Lifeline-supported service and understand that violation of this requirement will result in de-enrollment from the program and could result in criminal prosecution.

☐ I understand that I may not transfer my service to any other individual.

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

☐ I understand that I must notify my telecommunications provider within 30 days if I no longer meet the income-based or program-based criteria for receiving Lifeline service, if I am receiving more than one Lifeline benefit, or if another member of my household is receiving a Lifeline benefit, and that I may be subject to penalties if I fail to do so.

☐ If I move to a new address, I agree to provide my new address to my telephone provider within 30 days.

☐ I understand completion of this certification form does not constitute immediate acceptance into this program.

Signature_____ Date_____

Prompt return of this certification form to your local telephone provider is necessary to ensure proper credits to your account. Certified low-income telephone assistance subscribers will receive a re-certification form annually from their local telecommunications provider and must return that form to their telecommunications provider within 30 days to ensure the continuation of assistance benefits.

SERVICE PROVIDER USE ONLY

Telephone # 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: _____

Eligibility documentation destroyed by: _____ Date destroyed: _____