

MINNESOTA APPLICATION - LIFELINE ASSISTANCE PROGRAMS

Please Read All Instructions Before Completing

Please respond completely. <u>Inaccurate or incomplete responses may cause your application to be rejected.</u> The information on this application will only be used to assess your eligibility for Lifeline Assistance. Information provided below should be that of the account holder.

Assistance. Information provided below should be that	at of the a	iccount holde	er.	
Telephone Number or Existing Account # First Name (No Initials) La	ast Name	
Address Where Service Is Legated (No DO Bayes)		City		State
Address Where Service Is Located (No PO Boxes)		City		State
Check here if this is a temporary address		Zip Code		.1
Check here if you participate Billing Address, City, Sta	te & Zip C	ode (If differer	nt from Service Address	s) (PO Boxes
in the Address Confidentiality Allowed)				
Program				
Last 4 Digits of Social Security Number OR Tribal Identific	cation Nur	nher	Date of Birth	
<u> </u>				
SSN: Tribal:				
			I	
PLEASE CHECK programs in which you or your hous				y of
eligibility documentation: (If qualifying under Income,	, see Inco	me Guideline	s below.)	
Federal Public Housing Assistance (FPHA) or	☐ Sup	plemental Sec	curity Income (SSI)	
Notional School Lunch Program's Front unch		<u> </u>		
National School Lunch Program's Free Lunch Program	☐ Med	licaid		
Low Income Home Energy Assistance Program				
(LIHEAP)	☐ Tem	porary Assista	ance for Needy Familie	s (TANF)
Supplemental Nutrition Assistance Program	☐ Minr	acceta Family	Investment Program (M	/EID\
(SNAP) Formerly Known As Food Stamps		lesota Family	Investment Program (N	//r/r/)
Fa				
If you are applying for Lifeline assistance because a r				
one of these programs, provide his/her name and certification of Program Participant (please print)	ury mat n	e/sile is a file	iniber of your nousen	old fiere.
tame of Frogram Famicipant (please plint)				
(Please Initial) I certify that this program participation	ant is a m	ember of my h	ousehold.	
INCOME GUIDELINES: Documentation required If yo	u do not į	participate in a	any of the programs a	bove, you
may still be eligible for Lifeline Assistance if your annua	al househo	old income is	at or below the amour	nts shown
below depending on the size of your household. PLEAS				eligible on
this income basis. Please indicate the number of househo	old membe	ers if more that	n 5.	
		IF YOUR TOTAL YEARLY HOUSEHOLD GROSS INCOME IS AT		
Number in Household		<u>OR BELOW</u> THE	AMOUNTS LISTED, WHIC	H ARE:
		135% c	of Federal Poverty Level	
. □				
1 🗆			\$16,038	
2 🗆			\$21,627	
3 🗆			\$27,216	
4 🗆			\$32,805	
5 ∐			\$38,394	
For each additional household member add			\$5,616	
Number of household members:				
radification incuseriou members.		No: _		



PLEASE READ THE FOLLOWING IMPORTANT INFORMATION ABOUT THE LIFELINE PROGRAM BEFORE YOU SIGN BELOW:

- 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. A household is defined for the 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 assistance from multiple telephone service providers. This includes both wireless and wireline providers.
- I understand that if I am currently receiving Lifeline benefits from another carrier, by submitting
 this form I am agreeing to discontinue receiving that other carrier's benefit and instead to
 received my one Lifeline benefit from CenturyLink.
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

EACH OF THE FOLLOWING CERTIFICATIONS MUST BE CHECK-MARKED IN ORDER TO RECEIVE LIFELINE. FAILURE TO CHECK ANY OF THE CERTIFICATIONS BELOW WILL RESULT IN REJECTION OF YOUR APPLICATION FORM.

	TOUR	APPLICATION FORM.					
		I certify, under penalty of perjury, that:					
M	•	I understand and consent to CenturyLink providing my Lifeline service information, including but not limited to, my name, residential address, phone number, date of birth; the last 4 digits of my social security number; the date on which my Lifeline service was initiated/terminated, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents, the National Lifeline Accountability Database, and/or state agencies involved in Lifeline to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, I will not be able to receive Lifeline support on my CenturyLink account.					
Ö	•	My household meets the program-based or income-based eligibility criteria indicated above.					
H B	⊢ •	I must notify CenturyLink within 30 days if for any reason my household no longer satisfies the criteria for					
CHECK MARK EACH BOX		receiving Lifeline assistance. This includes if I no longer meet the income-based or program-based criteria for receiving Lifeline support, if I am receiving more than one Lifeline benefit, if another member of my household is receiving a Lifeline benefit, or for any other reason, my household no longer satisfies the criteria for receiving Lifeline support. Failure to notify CenturyLink may result in penalties and					
Z	deenrollment from the program.						
K		I must notify CenturyLink within 30 days if I move to a new address.					
Ĕ	•	Only one Lifeline service benefit is available per household. To the best of my knowledge, my household.					
CE		is not already receiving a Lifeline service.					
		I understand that my CenturyLink Lifeline service is not transferrable. I may not transfer my service to any individual, including another eligible low-income consumer.					
		I understand that providing false or fraudulent information to receive Lifeline assistance is punishable by law.					
		I understand that I may be required to re-certify my household's eligibility for Lifeline assistance at any					
		time, and if I fail to re-certify as to my continued eligibility, it will result in de-enrollment and the termination of my household's Lifeline assistance.					
		The information contained in this form is true and correct to the best of my knowledge.					
		The information contained in this form is true and contest to the best of my knowledge.					
		Date:					
	Lifelin	e Assistance Applicant Signature					
		be the CenturyLink account holder listed at the top of page one)					
	Century P. O. B	mail this completed application and any supporting documents to (Original Documents are not returned): yLink Customer Service: Former Qwest: (888) 833-9522 ox 2738 Former CenturyTel/Embarq: (855) 954-6546 , NE 68103-2738 Fax: (402) 998-7341					



Application Checklist - Please provide the following:

- 1. Signed and completed Lifeline application form. Applicant name must be Account Holder name.
- 2. If applying based on program eligibility, a copy of a program award letter or government agency document containing your name, your address, the program name and the **effective date of the award**.
- 3. Only program cards that display your name, your address or state, program name and effective date will be accepted.
- 4. If applying based on the size and income level of customer's household, provide a copy of one of the following:
 - Last year's Federal or State Income Tax Return
 - Current Annual Income Statement from Employer
 - Paycheck stubs or other official document containing income information for any three consecutive months within the last twelve 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 containing income information
 - Bank Statement is not valid proof of income.

A household is defined as a group of individuals who live together, at the same address, and share income and expenses. For example, apartments in an apartment building are usually unique households. Individuals living in a nursing home can be considered unique households. Answer the questions below to determine if there is more than one household living at your address. Providing false information on this form may result in losing your Lifeline service and/or criminal penalties.

	domestic partner, parent, son, daughter grandparent, grandchild, etc.), a roomn	nate, or an	relative (such as a sibling, aunt, cousin, other person. Yes. Please answer question 2 below.
	because no one in your household has Lifeline. Please SIGN below to certify this is true.		
		7	
	2. Do you share expenses for bills, foo public assistance benefits, social secur question #1 that has a Lifeline-discount	ity paymer	
	No. You are ELIGIBLE for Lifeli because no one in your household has Lifeline. Please SIGN below to certify the is true.	i	Yes. STOP. Do not sign the form. You are NOT ELIGIBLE because someone in your household already has Lifeline.
	one-per-household requirement is against	the Feder	e in my household already has Lifeline. I understar al Communications Commission's rules and I m government for violating the rules.
ng the d	enents, and may be prosecuted by the Onit		