

WASHINGTON APPLICATION - LIFELINE ASSISTANCE PROGRAMS

Please Read All Instructions Before Completing

Please respond completely. Inaccurate or incomplete responses may cause your application to be rejected. 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.

Telephone Number or Existing Account #	First Name (No Initials)	Last Name
Address Where Service Is Located (No PO Boxes)		City
		State
Check here if this is a temporary address <input type="checkbox"/>	Zip Code	DSHS Case/Client ID #:
Check here if you participate in the Address Confidentiality Program <input type="checkbox"/>	Billing Address, City, State & Zip Code (If different from Service Address) (PO Boxes Allowed)	
Last 4 Digits of Social Security Number OR Tribal Identification Number		Date of Birth
SSN:	Tribal:	

PLEASE CHECK programs in which you or your household currently participate. Attach a copy of eligibility documentation for Federal-only programs: (If qualifying under Income, see Income Guidelines below.)

<input type="checkbox"/> Federal Public Housing Assistance (FPHA) or Section 8	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> National School Lunch Program's Free Lunch Program	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) Formerly Known As Food Stamps	

If you are applying for Lifeline assistance because a member of your household besides you participates in one of these programs, provide his/her name and certify that he/she is a member of your household here:

Name of Program Participant (please print)

_____ (Please Initial) I certify that this program participant is a member of my household.

FEDERAL-ONLY DISCOUNT INCOME GUIDELINES **Documentation required:** If you do not participate in any of the programs above, you may still be eligible for federal-only Lifeline Assistance if your annual household income is at or below the amounts shown below depending on the size of your household. PLEASE CHECK the corresponding box if you are eligible on this income basis. Please indicate the number of household members if more than 5.

Number in Household	IF YOUR TOTAL YEARLY HOUSEHOLD GROSS INCOME IS <u>AT OR BELOW</u> THE AMOUNTS LISTED, WHICH ARE: 135% of Federal Poverty Level
1 <input type="checkbox"/>	\$16,038
2 <input type="checkbox"/>	\$21,627
3 <input type="checkbox"/>	\$27,216
4 <input type="checkbox"/>	\$32,805
5 <input type="checkbox"/>	\$38,394
For each additional household member add	\$5,616
Number of household 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 receive 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.

CHECK MARK EACH BOX

I certify, under penalty of perjury, that:

- 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.**
- My household meets the program-based or income-based eligibility criteria indicated above.
- I must notify CenturyLink within 30 days if for any reason my household no longer satisfies the criteria for 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 deenrollment from the program.
- I must notify CenturyLink within 30 days if I move to a new address.
- Only one Lifeline service benefit is available per household. To the best of my knowledge, my household 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.

Date: _____

Lifeline Assistance Applicant Signature

(Must be the CenturyLink account holder listed at the top of page one)

Please mail this completed application and any supporting documents to (Original Documents are not returned):

CenturyLink Data Services or Fax to 1-866-810-7530
 555 Lake Border Drive Customer Service: Former CenturyTel/Embarq: (855) 954-6546
 Apopka, FL 32703 Former Qwest: (888) 833-9522
 Email: eRecords@CenturyLink.com

