WEST TENNESSEE TELEPHONE COMPANY, INC.
LIFELINE PROGRAM PAGE 1 OF 2

Lifeline is a federal benefit that makes monthly telephone service more affordable for eligible households. Your household may receive Lifeline on **one wireless**, **one home telephone, broadband (DSL), OR bundled voice and broadband (DSL), but only one**. Your household may not receive the Lifeline benefit from more than one Telephone Company. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income or expenses. You may not transfer your Lifeline discount to another person, even if he or she is eligible. You may lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive Lifeline. *Please complete the form below. You must give proof of eligibility with your application.* **Send the completed form and proof of eligibility to: 224 East Main Street, PO Box 10, Bradford, TN 38316 Fax 731-742-2212 Email: requestWTT@tec.com.**

☐ **Initial Enrollment** ☐ **Recertification**

Applicant Information

Applicant Name _____ Phone Number _____

Date of Birth _____ Last 4 digits of SSN _____ Permanent Address? ☐ Yes ☐ No

Residential Address (No PO Box) _____
Street Apt. City State Zip Code

Billing Address (If Applicable) _____
Street Apt. City State Zip Code

Please complete **either** the Program Based Eligibility **or** the Income Based Eligibility section below and return copies of the supporting document(s).

Program Based Eligibility

☐ **I certify that I, my dependent, or someone else in my household receives assistance from at least one of the programs listed below and that I have provided proof of eligibility with my application. (***Please check all that apply***)**

- ☐ Medicaid
- ☐ Supplemental Security Income (SSI)
- ☐ Veterans Pension and Survivors Benefit Programs
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Section 8 Federal Public Housing Assistance (FPHA)

Name of Eligible Person _____ Relationship to Applicant _____

Last 4 SSN of Eligible Person _____ Date of Birth of Eligible Person _____

Income Based Eligibility

TO QUALIFY FOR INCOME ELIGIBILITY, YOU MUST PROVIDE COPIES OF ONE OR MORE OF THE DOCUMENTS LISTED BELOW:

Prior year's state or federal tax return, Social Security benefits statement; Veterans Administration benefits statement; Retirement/Pension benefit statement; divorce decree or child support document; Unemployment/Workers Compensation benefits statement; or current income statement from employer or paycheck stub. If you provide documentation that does not cover a full year (such as current pay stub), you must submit three (3) consecutive months of the same type of document within the current calendar year.

135% of Federal Poverty Guidelines for 2016								
1	2	3	4	5	6	7	8	For each additional person
$ 16,038	$ 21,627	$ 27,216	$ 32,805	$ 38,394	$ 43,983	$ 49,586	$ 55,202	+ $5,616 per person

How many people are in your household? _____

What is the monthly/yearly total household income?_____ **per** ☐ **Month** ☐ **Year**

☐ **I certify that my household income is at or below 135% of the Federal Poverty Guidelines (updated annually).**

WEST TENNESSEE TELEPHONE COMPANY, INC.
LIFELINE PROGRAM PAGE 2 OF 2

Applicant Certifications (ALL items must be read and initialed)

Initial Below

_____ My household receives only one Lifeline-supported service, and to the best of my knowledge, no one in my household receives Lifeline from another telephone company.

_____ I give TEC-Bradford Division consent to transmit my name, date of birth, last four numbers of my social security number, telephone number, and address to the Universal Service Administrative Company (USAC) or its agent to confirm that my household only receives one Lifeline benefit. If USAC finds that my household receives more than one Lifeline benefit, USAC will notify the telephone companies, and I will have to select one service and I will be de-enrolled from the other. Violation of the one per household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from Lifeline.

_____ I understand that I may be required to re-certify my continued eligibility for Lifeline at any time and the failure to re-certify my continued eligibility will result in de-enrollment and termination of my Lifeline benefit.

_____ I understand that I must notify TEC-Bradford Division within 30 days of the following:

(1) If I move to a new address;
(2) If I, or the eligible person in my household, stops participating in the qualifying program checked above, or if my household income exceeds 135% of the federal poverty guidelines;
(3) If my household receives more than one Lifeline discounted telephone; or
(4) If my household, for any reason, no longer meets the criteria to receive Lifeline support.

I understand that I may be penalized for failing to make the above notifications.

By signing below, I certify under penalty of perjury, that the above information is true to the best of my knowledge. I understand that Lifeline is a government program, and I may be punished if I knowingly provide false or untrue information to receive Lifeline. Punishment may include being fined, imprisoned, de-enrolled, or barred from the Lifeline program. I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.

Signature _____ **Date** _____

For Company Use Only

Date : _____ Customer Account Number _____

I certify that I have reviewed documentation (identified below) from the customer, and to the best of my knowledge, this documentation accurately represents the customer's participation in the program above, or that the customer's household income is at or below 135% of the Federal Poverty Guidelines.

Document reviewed: _____

Method provided: In person ___ U.S. Mail ___ Fax ___ E-mail ___

Expiration date: _____

_____ _____

Printed Name of Bradford employee Signature of Bradford employee

Type of Lifeline Service: ☐ **Voice** ☐ **Broadband** ☐ **Bundled** ☐ **Bundled (minimal service standard)**