

# Lifeline Low Income Assistance Program Application Form

The Lifeline Low Income Assistance (Lifeline) Program provides customers a credit toward their monthly telephone or broadband service rates of up to \$9.25 if they meet eligibility requirements.

By providing a copy of the National Verifier confirmation page, a copy of the National Verifier application and completing this form, you acknowledge that you are eligible to participate under the Lifeline Program and agree the terms and conditions of the program.

Please fill in all information as completely as possible. The information on this application is strictly confidential and will be used only to establish your Lifeline account credit.

\_\_\_\_\_  
Name (account holder; please print)

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

\_\_\_\_\_  
Residential Address

\_\_\_\_\_  
Account Number

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

\_\_\_\_\_  
Date of Birth\*

\_\_\_\_\_  
Benefit Qualifying Individual Name

\_\_\_\_\_  
Last 4 Digits of Social Security Number\*

\_\_\_\_\_  
Billing Address if Different from Residential Address Listed Above

\*Benefit qualifying individual as stated on Lifeline application

Proof of identity of the account holder is also required to establish the Lifeline account credit (e.g., driver license, social security card, birth certificate, passport).

## Conditions applicable to Lifeline

- (i) 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;
- (ii) I will notify Silver Star within 30 days if, for any reason, I no longer satisfy the criteria for receiving Lifeline including, for example, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;
- (iii) If I move to a new address, I will provide that new address to Silver Star within 30 days;
- (iv) My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;
- (v) I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. § 54.405(e)(4).

By signing below you acknowledge that you have read the conditions applicable to the Lifeline program and that the information on this form is true and correct.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date