

North Carolina Lifeline Application

Application for Lifeline

- 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 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 benefits from multiple providers
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's (or "FCC") rules and will result in the subscriber's de-enrollment from the program
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

How to apply: four steps

1. Choose whether you will apply because you participate in a qualifying program or because your total household income falls within the guidelines.
2. Fill out the form on the back. You must indicate your service address as well as your billing address (if not the same as your service address), as well as the last four digits of your SSN, your date of birth.
3. You must provide photocopies of either the program or income documents.
4. You must sign the bottom of the application indicating that you are complying with the Lifeline benefit rules.

Qualifying Methods

You may qualify for Lifeline either because you participate in one of the following programs or because your income is within the following guidelines. **NOTE: You may receive Social Security and Medicare benefits, but to qualify for Lifeline, you must receive benefits from one of the following programs or your income must fall within the guidelines.**

You MUST send photocopies of any qualifying documentation. NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

Program Eligibility

- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing/Section 8
- Medicaid
- Supplemental Security Income (SSI)
- National School Lunch (NSL) free lunch program
- Low Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance for Needy Families (TANF) or *Work First*

Documentation includes a photocopy of a card or an award letter.

Income Eligibility

Annual Income 135% Thresholds Based on Household Size - effective January 25, 2016								
1	2	3	4	5	6	7	8	For each add'l person
\$16,038	\$21,627	\$27,216	\$32,805	\$38,394	\$43,983	\$49,586	\$55,202	+ \$5,616/person

Documentation needed to qualify for Lifeline through income is noted on next page.

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When completed, mail or fax form to:
TriCountyTelephone Membership Corp, P.O. Box 520, Belhaven, NC 27810
Fax to 252-964-2211

Customer Name: _____ Date of Birth _____
Customer Service Address: _____ Temporary **(required)**: Yes: ___ No: ___
City: _____ State: _____ Zip Code: _____
Customer Bill Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: _____ Social Security Number (last 4 digits): _____
Eligible Person's Name if Different than Above: _____
Eligible Person's Social Security Number (last 4 required) _____
Eligible Person's Date of Birth: _____ New Application _____ Renewal _____
Please choose 1 OR 2.

1. I certify that I participate in at least one of the following programs (check all that apply) and I am providing a photocopy of a document that demonstrates my participation in one of these programs. NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)
<input type="checkbox"/> National School Lunch – Free Lunch Program	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Federal Public Housing/Section 8	

2. I certify that my total household income falls within the guidelines listed on Page 1 and I also certify that this is how many people live in my household **(required)**: Adults ____ Children _____. I am providing a photocopy of the following qualifying documents:

<input type="checkbox"/> Prior year's state or federal tax return	<input type="checkbox"/> Retirement / pension statement of benefits
<input type="checkbox"/> Current income statement from an employer	<input type="checkbox"/> Unemployment/Workmen's Compensation statement of benefits
<input type="checkbox"/> Paycheck stubs for most recent 3 months	<input type="checkbox"/> Federal notice letter of participation in General Assistance
<input type="checkbox"/> Social Security statement of benefits	<input type="checkbox"/> Veterans Administration Statement of Benefits
<input type="checkbox"/> Child Support document	<input type="checkbox"/> Other official document containing income information
<input type="checkbox"/> Divorce decree	

I certify, under penalty of perjury, that: (Initial by Each Certification)

- ___ 1. I meet the income-based or program-based eligibility criteria for receiving Lifeline, shown above.
- ___ 2. I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, 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.
- ___ 3. If I move to a new address, I will provide that new address to TCTMC North Carolina within 30 days.
- ___ 4. My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.
- ___ 5. The information contained in this certification form is true and correct to the best of my knowledge.
- ___ 6. I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
- ___ 7. I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

I hereby authorize Tri-County Telephone Membership Corporation to release any of my information contained in this Lifeline Application required for the administration of the Lifeline program to the FCC or its designee, including the Universal Service Administrative Company, and to any state and federal agency, as required by law.

Applicant's Signature: _____ Date: _____

For agent use only:

Type of document for program eligibility: _____ How Provided: _____
Type of document for income eligibility: _____ How Provided: _____

By: _____ Date: _____