

NORTHEAST FLORIDA TELEPHONE COMPANY (NEFCOM)

Lifeline Program Application

The Lifeline Program is a federal program that provides a credit of \$9.25 monthly on your communications services bill to eligible low-income households. The Federal Line Credit can be applied to either wireless or landline telephone, home internet or a cell phone data plan. To apply complete this form and also submit **proof of eligibility**.

Lifeline Program Eligibility (Check at least one and provide proof of eligibility)

- Medicaid
- Supplemental Nutrition Assistance (SNAP or Food Stamps)
- Supplemental Security Income (SSI)
- Veteran's Pension or Survivor's Pension Benefit
- Federal Public Housing Assistance (Section 8)

- 135% of the Federal Poverty Level
(See next page for income threshold requirements)

Date of Birth and last 4 digits of Social Security Number apply to the Program Beneficiary whose name is provided below

Program Beneficiary (Applicant) Full Name:	Birth Date:	Social Security # (last 4 digits):	
Name on Voice Service Account (If different from Program Beneficiary):		Voice Service Telephone Number (this is the telephone number that will receive the discount):	
Relationship to Program Beneficiary:			
Customer's Full Residential Service Address (no P.O. Boxes): Street: City, Town, Zip:		Daytime or Can Be Reached Phone Number (If different than Voice Service Telephone Number):	
Is your home address temporary? Check One: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "yes" then must verify address every 90 days)</i>			
Billing Address (If different from above): Street: City, Town, Zip:			

I understand the following obligations and provisions about the Lifeline programs:

- The Lifeline programs are government benefit programs and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline benefit 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 rules and will result in the subscriber's de-enrollment from the program.
- Lifeline program benefits are non-transferable benefits and the subscriber may not transfer his or her benefit to any other person.

I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING:

You must initial each item.

___My household meets the eligibility criteria for the Lifeline program.

___I will provide notification to my telecommunications provider within 30 days if for any reasons I no longer satisfy the criteria for receiving Lifeline benefits including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I receive more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit.

___If I move to a new address I will provide that new address to my telecommunications provider within 30 days.

___If I have a temporary residential address then I will be required to verify my address with my telecommunications provider every 90 days.

___My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service from any company.

___I acknowledge the obligation to re-certify my continued eligibility for Lifeline benefits at any time and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline benefits.

___I consent to providing my name, telephone number and address to the Universal Service Administrative Company for the purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with the Federal Communications Commission and the Florida Public Service Commission, who oversee the Lifeline programs.

_____ I certify I have _____ individuals in my household.
(Initial and complete only if qualifying under income threshold.)

The information supplied on this form is true and correct.

I acknowledge providing false or fraudulent information to receive Lifeline benefits is punishable by law.

Signature of Customer

Date

***Signature must match name of beneficiary or proof of legal Guardianship or Power of Attorney must be provided.**

Submit a completed signed form and proof of eligibility.

2017 Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size)								
1	2	3	4	5	6	7	8	Each add'l person
\$16,281	\$21,924	\$27,567	\$33,210	\$38,853	\$44,496	\$50,139	\$55,782	+ \$5,643/person

Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a full year or three consecutive months within the previous twelve months.

Company Use Only:

I have reviewed the form to be complete and hereby attest the applicant presented acceptable proof of eligibility:

Print name of company official

Signature

Date

Documentation Reviewed by Company: _____

NLAD database queried? Yes or No Lifeline household Worksheet ? Yes or No De-enroll Date: _____

Mail application and proof of eligibility (if applicable) to:

NEFCOM

130 North 4th Street, Macclenny, Florida 32063

(904) 259-2261