



Lifeline Application – Idaho

Please mail completed application to:

AT&T Lifeline, PO Box 2377, Jacksonville, Texas 75766

- 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 discount 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; and
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

1. Applicant information (address must be your principal residence)

Last name	First name	Middle
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Street address (not a P.O. Box)	City	State	ZIP code
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Check box if address is temporary.

Please initial if applicable: I am seeking to qualify for Lifeline as an eligible resident of Tribal lands and I certify, under penalty of perjury, that I live on Tribal Lands.

Applicant's Social Security Number (last four digits): _____ Applicant's Date of Birth (xx/xx/xxxx): _____

2. Billing address (if different from above)

Street address	City	State	ZIP code
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3. Current telephone service (check all that apply)

- I do not currently have telephone service.
- I currently have telephone service at the above address.

Telephone number	Current provider
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- I currently receive monthly Lifeline assistance for the above phone line or another qualifying telecommunications service at the above address.

(Note: Lifeline assistance may only be applied to one qualifying telecommunications service per household. Please complete Section 4, Transfer consent.)

4. Transfer consent

By my initials and by signing this application, I authorize AT&T to transfer any pre-existing Lifeline benefit with another carrier to my AT&T account, subject to all terms and conditions described in this application. I acknowledge that any pre-existing Lifeline discount with another carrier will cease when this transfer becomes effective.

5. Eligibility requirements

All subscribers will be required to demonstrate eligibility based on:

- (1) Participation in one of the federal assistance programs listed below; OR
- (2) Household income at or below 135% of Federal Poverty guidelines for a household of that size.

- I hereby certify that I, one or more of my dependents, or my household participates in at least one of the following programs 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. Please check the program for which you are providing a document demonstrating your current participation.

- | | |
|---|---|
| <input type="checkbox"/> Medicaid (not Medicare) | <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> SNAP (Food Stamps) | <input type="checkbox"/> National School Lunch Program (NSLP) |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Federal Public Housing Assistance (FPHA) | |

If you are not the program beneficiary but someone in your household is, provide the first and last name of the beneficiary:

5. Eligibility requirements, continued

Acceptable documentation of program eligibility includes (PHOTOCOPIES ONLY):

1. Current or prior year's statement of benefits from a qualifying federal or Tribal program.
2. A notice letter of participation in a qualifying federal or Tribal program.
3. Program participation documents (e.g., a copy of a consumer's SNAP card or Medicaid card).
4. Other official document evidencing the consumer's participation in a qualifying federal or Tribal program.

I certify that my total household income is at or below 135% of the Federal Poverty Guidelines and I also certify that this is how many people live in my household (required): _____

2016 Federal Poverty Guidelines – 135%									
Household Size	1	2	3	4	5	6	7	8	for each add'l person
48 Contiguous States & D.C.	\$16,038	\$21,627	\$27,216	\$32,805	\$38,394	\$43,983	\$49,586	\$55,202	add \$5,616

I am providing a photocopy of one of the following qualifying documents. NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION. Please check which documents you are providing.

- Prior Year's state, federal or Tribal tax return, current income statement from an employer or paycheck.
- Social Security statement of benefits.
- Veterans Administration statement of benefits.
- Retirement/pension statement of benefits.
- Unemployment/Workmen's comp statement of benefits.
- Federal or Tribal notice letter of participation in General Assistance.
- Divorce decree, child support award, or other official document containing income information for at least three (3) months time.

6. Tribal lands Lifeline (check all that apply)

If you live on Tribal Lands, you could also qualify for Tribal Lands Enhanced Lifeline support if you meet the above requirements OR participate in any of these programs:

- Bureau of Indian Affairs General Assistance
- Food Distribution Program on Indian Reservations (FDPIR)
- Head Start (meeting income qualifying standards)
- Tribal Administered Temporary Assistance for Needy Families

If I seek to qualify for Tribal Lands Lifeline on the basis of my participation in one of the four programs mentioned above, I hereby certify that I, one or more of my dependents, or my household participates in at least one of those four programs 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. Please check the program for which you are providing a document demonstrating your current participation. If you are not the program beneficiary but someone in your household is, provide the first and last name of the beneficiary: _____

7. Acknowledgment and certification

I ACKNOWLEDGE AND CERTIFY **UNDER PENALTY OF PERJURY THAT BY INITIALING EACH NUMBERED STATEMENT AND SIGNING AT THE BOTTOM:** (1) I HAVE READ THE INFORMATION IN THIS APPLICATION; (2) THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT; (3) I UNDERSTAND THAT I MUST MEET THE QUALIFICATIONS DESCRIBED IN THIS APPLICATION TO RECEIVE LIFELINE ASSISTANCE; AND **(INITIAL EACH NUMBERED STATEMENT AND SIGN AT THE BOTTOM)**

- 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 AT&T 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.
- 8) _____ IF I SEEK TO QUALIFY FOR LIFELINE AS AN ELIGIBLE RESIDENT OF TRIBAL LANDS, I LIVE ON FEDERALLY-RECOGNIZED TRIBAL LANDS.
- 9) _____ I HEREBY AUTHORIZE AT&T TO RELEASE ANY OF MY INFORMATION CONTAINED IN THIS LIFELINE APPLICATION AND/OR OTHER RECORDS 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.

Signature _____

Date _____

Page 2

Lifeline Assistance Application: Consent to Credit Check

Thank you for applying for Lifeline assistance through AT&T.

Following approval of your completed application for Lifeline assistance, AT&T will need to run a credit check in order to establish an account in your name and to activate your service. Please note, **your credit history will not affect your eligibility for Lifeline**. All AT&T customers must complete this process prior to activation. If you have any questions or concerns, please contact a Lifeline Customer Service Representative at 800.377.9450.

Thank you again for selecting AT&T.

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APPLICANT: I AM APPLYING FOR LIFELINE ASSISTANCE WITH AT&T. I AM PROVIDING THE FOLLOWING INFORMATION TO AT&T TO ENABLE AT&T TO OBTAIN AND USE MY CREDIT REPORT AND RELATED INFORMATION FROM ANY SOURCE IN CONNECTION WITH MY APPLICATION FOR LIFELINE ASSISTANCE AND MY REQUEST TO OBTAIN WIRELESS SERVICES FROM AT&T. I UNDERSTAND THAT MY APPLICATION AND AT&T'S SERVICE GENERALLY ARE GOVERNED BY AT&T'S WIRELESS SERVICE TERMS AND THE LIFELINE CONTRACT RIDER.

Applicant's name: _____

Street address: _____

Phone number: (_____) _____

Social Security number: _____

Date of birth: _____

Driver's license number (expiration date and issuing state): _____

To apply for AT&T's Lifeline service, please mail

(1) your completed Lifeline Assistance Application and

(2) this completed Consent to Credit Check to the following address:

**AT&T
Lifeline
PO Box 2377
Jacksonville, Texas 75766**

Lifeline Assistance Application – Idaho

Lifeline contract rider

This is an agreement (“Agreement”) between you (the “Client”) and the entity that owns or leases a Federal Communications Commission license to provide wireless radio and other services (“Service”) in the area associated with your assigned account (“Account”) that is doing business as AT&T (“AT&T” or the “Company”). AT&T Lifeline service (the “Program”) is subject to the rates, terms and conditions in the Terms of Service and AT&T Calling Plan, Service Plan or Rate Plan (“Rate Plan”) brochure and this rider, in any applicable feature or promotional materials not inconsistent with this contract rider, and/or at att.com (collectively, “Sales Information”). Notwithstanding the rates, terms and conditions set forth in the foregoing documents, the Company’s provision of Lifeline service are subject to the additional rates, terms and conditions set forth in this Contract Rider. In the event of any conflict between this Contract Rider and the rates, terms and conditions of the Terms of Service, Rate Plan brochure or Sales Information, the provisions of this Contract Rider shall prevail.

1. The Program is only available in areas where the Company has been designated as an Eligible Telecommunications Carrier (“ETC”). Your principal residence address must be within an AT&T ETC Service Area. To be eligible for the Program, you must meet the applicable eligibility standards in effect at the time of application. The name on the phone bill must match the name of the customer who is eligible for the Program.
2. You are responsible for notifying AT&T when you no longer meet the applicable eligibility standards for the Program within thirty (30) days of becoming aware of such ineligibility. In the event AT&T determines that you are no longer eligible for the Program, the Company will notify you that the Lifeline subsidy will be discontinued after thirty (30) days of such notice, unless the Client notifies the Company that an error has been made and submits evidence that he or she still complies with the Program’s requirements. If at the end of that thirty (30) day period the Client has not yet submitted evidence of compliance with the Program’s requirements, the Company shall suspend the Lifeline subsidy. The thirty (30) day period shall not be applicable if the Client notifies AT&T that he or she does not comply with the Program’s requirements.
3. By completing the Lifeline Application, you consent to the release of your customer information (including financial information) pursuant to the administration of this Program. This consent survives the termination of this Agreement.
4. Completion of the Lifeline Application does not constitute immediate enrollment in the Program. The Company reserves the right to review customer eligibility status at any time. If you lose your eligibility for this Program, we may change your Rate Plan to the most favorable Rate Plan for which you are eligible without prior notice to you. If you misrepresent your eligibility for this Program, you agree to pay us the additional amount you would have been charged under the most favorable Rate Plan for which you are eligible.
5. Program assistance is applied as a credit against your monthly bill and is limited to the amount of federal and/or state universal service support available to the service area for which the Company has been designated as ETC. These amounts will be reflected on your bill and may be changed from time to time without prior notice to you. The amount of the credit may not exceed the charge for Service.
6. You may only receive Lifeline support for a single eligible telecommunications service, be it wireline or wireless, per household. If you or any member of your household receives Lifeline subsidies from any other Lifeline Provider, you cannot obtain Lifeline service from AT&T until you (or any member of your household) cease to receive Lifeline service from any other provider or you transfer your Lifeline benefit to your AT&T service.
7. You are responsible for the cost of a compatible wireless phone to receive Service. Lifeline assistance may not be applied to offset the cost of customer equipment.
8. You will not be assessed for federal or state universal service fees or the Regulatory Cost Recovery Fee. You are responsible for the payment of any other applicable taxes, fees, surcharges or assessments relating to the Service, which will be billed by the Company.
9. Outgoing international long distance calling is prohibited. International roaming calls are prohibited.
10. The Company may block outgoing long distance calls in cases of non-payment. Non-authorized manipulation, modification, adjustment, or repair made to the Client’s equipment to allow the making of long distance calls or any other kind of calls not included in the Calling Plan shall constitute a violation of this Agreement and the Service may be terminated.
11. Minutes included in the Calling Plan may not be rolled over and shall be used within AT&T’s network. Off-network roaming service shall be billed at a rate of twenty-five cents (\$0.25) per minute. Minutes in excess of the minutes provided in the Calling Plan shall be billed at a rate of twenty-five cents (\$0.25) per minute.

AT&T handset required on Lifeline plans. Your phone’s display does not indicate the rate you will be charged. Please review your coverage map for areas included or excluded in your plan. Map depicts an approximation of outdoor coverage. Map may include areas served by unaffiliated carriers and may depict their licensed area rather than an approximation of the coverage there. Actual coverage area may differ substantially from the graphics shown in the map, and coverage may be affected by such things as terrain, weather, foliage, buildings and other construction, signal strength, customer equipment and other factors. AT&T does not guarantee coverage. Charges will be based on the location of the site receiving and transmitting the call, not the location of the subscriber. Future coverage is based on current planning assumption but is subject to change and has not yet been confirmed.

The night and weekend periods are from 9:00 p.m. to 6:00 a.m. from Monday to Friday, and Saturdays and Sundays all day long. The airtime minutes used in long distance calls to the United States will be discounted from the plan. Originating international long distance calls will not be allowed. The off-network roaming cost is \$0.25 per minute and airtime minutes used will be discounted from minutes included in the plan. International roaming is not available. No rollover is available. The airtime minutes used in excess of the ones included in the plan will be charged at \$0.25 per minute. These are government programs that help people who comply with certain criteria to pay for their telecommunication services and related fees. AT&T is offering these programs in limited locations. To determine if Lifeline is available from AT&T at your principal residence, please contact our Lifeline Customer Service Representative at 800.377.9450. Terms and Conditions: Lifeline is subject to the terms and conditions found in the Terms of Service, Rate Plan, Sales Information and Lifeline Contract. © 2016 AT&T Intellectual Property. All rights reserved. AT&T and Globe logo are registered trademarks of AT&T Intellectual Property. All other marks are the property of their respective owners.