

WISCONSIN LIFELINE APPLICATION ASSISTANCE PROGRAMS

Please Read All Instructions Before Completing

Please respond completely. Inaccurate or incomplete responses may cause your application to be rejected. The information on this application will only be used to assess your eligibility for Lifeline Assistance from proof you supply or the Wisconsin Lifeline Database. Information provided below should be that of the account holder.

Telephone Number or Existing Account #	First Name (No Initials)	Last Name
Address Where Service Is Located (No PO Boxes)		City
		State
Check here if this is a temporary address <input type="checkbox"/>		Zip Code
Check here if you participate in the Address Confidentiality Program <input type="checkbox"/>	Billing Address, City, State & Zip Code (If different from Service Address) (PO Boxes Allowed)	
Last 4 Digits of Social Security Number OR Tribal Identification Number		Date of Birth
SSN:	Tribal:	

PLEASE CHECK programs in which you or your household currently participate (CenturyLink will confirm eligibility via the WI Lifeline Database.) If qualifying under Income, see Income Guidelines below.

<input type="checkbox"/> Federal Public Housing Assistance (FPHA) or Section 8	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> National School Lunch Program's Free Lunch Program	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Medical Assistance	<input type="checkbox"/> WI Homestead Tax Credit
<input type="checkbox"/> WI Works	<input type="checkbox"/> Badger Care
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) Formerly Known As Food Stamps	

PLEASE CHECK programs in which you or your household currently participate and attach a copy of eligibility documentation: If qualifying under Income, see Income Guidelines below.

<input type="checkbox"/> Federal Public Housing Assistance (FPHA) or Section 8
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If you are applying for Lifeline assistance because a member of your household besides you participates in one of these programs, provide his/her name and certify that he/she is a member of your household here:

Name of Program Participant and last four digits of SSN or Tribal ID (please print)
_____ (Please Initial) I certify that this program participant is a member of my household.

INCOME GUIDELINES: Eligibility will be determined by the WI Lifeline Database. If you do not participate in any of the programs above, you may still be eligible for Lifeline Assistance if your annual household income is at or below the amounts shown below depending on the size of your household. PLEASE CHECK the corresponding box if you are eligible on this income basis. Please indicate the number of household members if more than 5.

Number in Household	IF YOUR TOTAL YEARLY HOUSEHOLD GROSS INCOME IS AT OR BELOW THE AMOUNTS LISTED, WHICH ARE: 135% of Federal Poverty Level
1 <input type="checkbox"/>	\$16,038
2 <input type="checkbox"/>	\$21,627
3 <input type="checkbox"/>	\$27,216
4 <input type="checkbox"/>	\$32,805
5 <input type="checkbox"/>	\$38,394
For each additional household member add	\$5,616
Number of household members:	No: _____

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION ABOUT THE LIFELINE PROGRAM BEFORE YOU SIGN BELOW:

- 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 the 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 assistance from multiple telephone service providers. This includes both wireless and wireline providers.
- I understand that if I am currently receiving Lifeline benefits from another carrier, by submitting this form I am agreeing to discontinue receiving that other carrier's benefit and instead to received my one Lifeline benefit from CenturyLink.
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

EACH OF THE FOLLOWING CERTIFICATIONS MUST BE CHECK-MARKED IN ORDER TO RECEIVE LIFELINE. FAILURE TO CHECK ANY OF THE CERTIFICATIONS BELOW WILL RESULT IN REJECTION OF YOUR APPLICATION FORM.

I certify, under penalty of perjury, that:

CHECK MARK EACH BOX

- I understand and consent to CenturyLink providing my Lifeline service information, including but not limited to, my name, residential address, phone number, date of birth; the last 4 digits of my social security number; the date on which my Lifeline service was initiated/terminated, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents, the National Lifeline Accountability Database, and/or state agencies involved in Lifeline to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, **I will not be able to receive Lifeline support on my CenturyLink account.**
- My household meets the program-based or income-based eligibility criteria indicated above.
- I must notify CenturyLink within 30 days if for any reason my household no longer satisfies the criteria for receiving Lifeline assistance. This includes if I no longer meet the income-based or program-based criteria for receiving Lifeline support, if I am receiving more than one Lifeline benefit, if another member of my household is receiving a Lifeline benefit, or for any other reason, my household no longer satisfies the criteria for receiving Lifeline support. Failure to notify CenturyLink may result in penalties and deenrollment from the program.
- I must notify CenturyLink within 30 days if I move to a new address.
- Only one Lifeline service benefit is available per household. To the best of my knowledge, my household is not already receiving a Lifeline service.
- I understand that my CenturyLink Lifeline service is not transferrable. I may not transfer my service to any individual, including another eligible low-income consumer.
- I understand that providing false or fraudulent information to receive Lifeline assistance is punishable by law.
- I understand that I may be required to re-certify my household's eligibility for Lifeline assistance at any time, and if I fail to re-certify as to my continued eligibility, it will result in de-enrollment and the termination of my household's Lifeline assistance.
- The information contained in this form is true and correct to the best of my knowledge.

I authorize CenturyLink to verify my eligibility for the federal and/or state telephone assistance program. CenturyLink shall provide my name and the last 4 digits of my SSN to the Wisconsin Department of Revenue and the Wisconsin Department of Health Service, and receive a yes / no answer as to whether I am qualified. CenturyLink shall maintain the information in this form and any information received about me from the Department as confidential account information

Date: _____

Lifeline Assistance Applicant Signature
(Must be the CenturyLink account holder listed at the top of page one)

Application Checklist – Please provide the following:

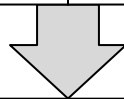
1. Signed and completed Lifeline application form. Applicant name must be Account Holder name.
2. Customers will be authenticated by the Wisconsin Lifeline Database that interacts with the Wisconsin Departments of Revenue and Health Services.
3. If applying based on program eligibility, a copy of a program award letter or government agency document containing your name, your address, the program name and the **effective date of the award**.
4. Only program cards that display your name, your address or state, program name and effective date will be accepted.
5. If applying based on the size and income level of customer's household, provide a copy of one of the following:
 - Last year's Federal or State Income Tax Return
 - Current Annual Income Statement from Employer
 - Paycheck stubs or other official document containing income information for any three consecutive months within the last twelve months
 - Social Security Statement of Benefits
 - Veteran's Administration Statement of Benefits
 - Retirement or Pension Statement of Benefits
 - Unemployment or Worker's Compensation Statement of Benefits
 - Letter of Participation in General Assistance
 - Divorce Decree or Child Support Documentation containing income information
 - Bank Statement is not valid proof of income.

A household is defined as a group of individuals who live together, at the same address, and share income and expenses. For example, apartments in an apartment building are usually unique households. Individuals living in a nursing home can be considered unique households. Answer the questions below to determine if there is more than one household living at your address. Providing false information on this form may result in losing your Lifeline service and/or criminal penalties.

1. Does another adult (age 18 or older or emancipated minor) live with you **AND** have a Lifeline-discounted phone service or a "free" wireless phone? For example, husband, wife, domestic partner, parent, son, daughter, another relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.), a roommate, or another person.

No. You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. **Please SIGN below** to certify that this is true.

Yes. Please answer question 2 below.



2. Do you share expenses for bills, food, or other living expenses **AND** share income (salary, public assistance benefits, social security payments or other income) with the person in question #1 that has a Lifeline-discounted phone service?

No. You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. Please SIGN below to certify that this is true.

Yes. STOP. Do not sign the form. You are **NOT ELIGIBLE** because someone in your household already has Lifeline.

I certify that the information provided above is true and that no one in my household already has Lifeline. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline benefits, and may be prosecuted by the United States government for violating the rules.

Signature _____

Date _____

ONLY COMPLETE IF APPLYING FOR THE WISCONSIN DISABLED BROADBAND LIFELINE ASSISTANCE PROGRAM

Please have a medical professional approve and sign the below section.

Applicant (Disabled Person)			Person to Whom Telephone Number is Billed (if other than Applicant)		
Last Name	First Name	MI	Last Name	First Name	MI
Address			I certify that the Applicant is a fulltime resident member of my household. If the Applicant ceases to reside fulltime in my household, I will promptly advise CenturyLink.		
City	State	Zip			
()					
Telephone Number including Area Code			Signature of the Person to Whom Telephone Number is Billed.		
Applicant agrees to promptly advise (or cause to be advised) CenturyLink if the disability described here ceases to exist.					
Signature of Applicant: (or person authorized to act on behalf of the Applicant)					

SECTION BELOW TO BE COMPLETED ONLY BY THE CERTIFYING AUTHORITY

The Certifying authority must be a reputable professional (Physician, Physician's Assistant, etc) whose knowledge and competence of the specific circumstances is generally accepted and acknowledged and/or an authorized employee acting for and on behalf of a special school, institution, or other recognized entity whose knowledge and competence under the specific circumstances is generally accepted and acknowledged.

Please describe the physical or sensory disability below that prevents the applicant from using a traditional voice service. (Cognitive disabilities are not eligible for this program.)

I certify that the Applicant has the above disability:

Please mail this completed application and any supporting documents to (Original Documents are not returned):
CenturyLink Data Services or **Fax to 1-866-810-7530**
555 Lake Border Drive **Customer Service: Former CenturyTel/Embarq: (855) 954-6546**
Apopka, FL 32703 **Former Qwest: (888) 833-9522**
Email: eRecords@CenturyLink.com