## AT&T Lifeline Ohio Application

## PLEASE READ CAREFULLY AND FILL OUT COMPLETELY

Name of Applicant			
(Last)	(First)		(Middle Initial)
Home Telephone Number () Can Be Reached at Number ()			
(Your home telephone number is required. If you do not provide your home telephone number, there will be a delay processing your application. If you do not have a home telephone number, please call AT&T at 1-800-335-8721 to establish service first.)			
Applicant Address			
(Number)	(Street)	(Apartment, Floo	
City/Town	State	Zip Code	
Please provide your Social Security Number			
1) PROGRAM ELIGIBILITY: PROOF OF INCOME IS NOT REQUIRED. I receive assistance from one of the			
following programs (check all that apply) (NOTE: Social Security and Medicare alone do NOT qualify for Lifeline)  Food Stamps  Federal Public Housing and/or Section 8			
Medicaid or State-provided Medical Assistance National Free School Lunch Program			
Supplemental Security Income (SSI) Disability Assistance	☐ Ohio Works First / TANF ☐ Supplemental Security Income-Blind & Disabled (SSDI)		
Home Energy Assistance (HEAP)	зарриетен	tat Security meome band a	Disabled (33DI)
If you completed Box 1, SKIP Box 2			
2) INCOME ELIGIBILITY: If you do not participate in one of the above programs, you may still be			
eligible for Lifeline under Income Eligibility if your gross income falls within the qualifying range below.			
(NOTE: Do not complete the Income Eligibility section, if you have completed the Program Eligibility section.)  Household Size  Annual Gross Income  Monthly Gross Income			
1	\$16,335	\$1,36	62
2 3	\$22,065 \$27,795	\$1,83 \$2,33	
Each Add'l person add	\$ 5,730	\$2,5. \$ 4	
A PHOTOCOPY OF ONE OF THE REQUIRED INCOME ELIGIBLE DOCUMENTS IS REQUIRED TO BE APPROVED			
FOR LIFELINE OHIO. (If not provided, you will not be approved for Lifeline Ohio.)			
Prior year's state or federal tax return			
Paycheck stubs for most recent 3 months Social Security statement of benefits	Unemployment/Workmen's Compensation statement of benefits		
Divorce decree	Retirement / pension statement of benefits		
☐ Child Support document		ement from an employer	
Number of people living in household (required)	: Adults Childi	ren	
PLEASE READ AND SIGN THE FOLLOWING STATEMENT			
I certify that			
<ul> <li>My telephone service is listed in my name;</li> <li>The above address is my primary residence, not a second home or business;</li> </ul>			
<ul> <li>If, in the future, I no longer participate in at least one of the above programs, or if any of the information in this</li> </ul>			
application changes or no longer applies, I will notify AT&T Ohio at 1-800-335-8721;			
I authorize AT&T Ohio or its duly appointed representative to access any records required to verify these statements in order to confirm my continued participation in the above plan.			
<ul> <li>If I establish new telephone service with AT&amp;T at the same time I apply for Lifeline Ohio, I understand that the line</li> </ul>			
connection charge of \$36.50 will be waived if I return this form within 60 days from date I established service. If this			
form is not return within 60 days, I will be billed the line connection charge of \$36.50 over a 3-month period.			
Signature	Date		

MAIL OR FAX SIGNED APPLICATION TO:

Call today for more information: 1-800-335-8721
Or fill out and mail the application to the address below:
AT&T Lifeline Ohio, PO Box 4600 Waterloo, IA 50704-9720
Fax 1-800-295-7495 TTY 1-800-980-4889 Spanish 1-800-910-1030