



LIFELINE DISCOUNT PROGRAM APPLICATION

THINGS TO KNOW

- You must be a current AT&T Internet customer. If you are not currently an AT&T Internet customer on a plan with speeds of at least 15MB download and 2MB upload at an eligible location, please do NOT complete this form. To determine if your residence is an eligible location for AT&T Lifeline Internet, please call 1-855-301-0355. To establish service on a plan with speeds of at least 15MB download and 2MB upload at an eligible location, please contact 1-800-288-2020.
- Please select all applicable government programs or income eligibility criteria in Step 4.
- In Step 5, please ensure you submit a photocopy of the corresponding supporting documents based on your selection in Step 4.
- This application will not be processed without a signature, date of birth and last 4 digits of Social Security Number (or Tribal ID, if applicable) in Step 6 or if the One per Household is not completed, signed and dated in Step 7.

Should you have any questions or need further assistance, please call 1-855-301-0355.

Sincerely,

AT&T Lifeline Services

Enclosures

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LIFELINE BROADBAND APPLICATION - AT&T ALABAMA

Questions? Call 1-855-301-0355

This signed application is required in order to enroll you in the Lifeline program as approved by the Federal Communications Commission (FCC). The form is only for the purpose of certifying your eligibility for the Lifeline program and will not be used for any other purpose. **PLEASE PRINT USING BLOCK CAPITAL LETTERS** in black or blue ink only. When completed, please mail the form and copies of proof of eligibility to: **AT&T Alabama, PO Box 5020, Charleston, IL 61920-5020** -OR- you may fax completed form and copies of proof of eligibility to: **1-800-295-7495**.

APPLICANT INFORMATION

First Name	<input type="text"/>	Middle Initial	<input type="text"/>	Last Name	<input type="text"/>
Service Address (Cannot be P.O. Box) <input type="text"/>					
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/> - <input type="text"/>
Please check if this is a Temporary address: <input type="checkbox"/>					
Telephone Number: <input type="text"/> - <input type="text"/> - <input type="text"/>					
Billing Address (if different from service address) <input type="text"/>					
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/> - <input type="text"/>

IMPORTANT DISCLOSURES

- Lifeline is a government benefit that helps eligible consumers pay for eligible telecommunications services by discounting their monthly service bill. 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 benefit is available per household. NOTE: A subscriber must be verified by the FCC National Lifeline Accountability Database (NLAD) before he/she can be enrolled in Lifeline with AT&T.
- 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 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.

→ STEP 1 - ACKNOWLEDGEMENT OF SERVICE

Billing Account Number: Email:

You must be a current AT&T Internet customer on a plan with speeds of at least 15MB download and 2MB upload at an eligible location. If you are not currently an AT&T Internet Services customer, please do NOT complete this form. (IF YES, PROCEED TO STEP 2.)

→ STEP 2 - 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.

→ STEP 3 - NATIONAL LIFELINE ACCOUNTABILITY DATABASE (NLAD) DISCLOSURE AND CONSENT

The FCC has ordered the creation of a National Lifeline Accountability Database for enrollment in the federal Lifeline Program. AT&T must provide the below information about our relationship with you to the database to ensure the proper administration of the Lifeline Program:

- | | | |
|-------------------------|---|--|
| • Your full name | • Your full residential address | • The date AT&T began providing you with Lifeline service |
| • Your date of birth | • The amount of the discount AT&T provides | • The future date when your Lifeline service with AT&T ends |
| • Your telephone number | • Whether your eligibility is program or income based | • The last four digits of your Social Security number (or Tribal ID) |
| • Service Type | | |

☐ By my initials and by signing this application, I confirm I have read and understand the disclosures provided above and hereby provide consent to AT&T 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 or its designee, as required by law. (Failure to provide consent will result in being denied Lifeline service.)

→ STEP 4 - ELIGIBILITY REQUIREMENTS

You may qualify for Lifeline either because **(A) you participate in a qualifying government PROGRAM -OR- (B) your total annual household income is within INCOME guidelines (next page). Please complete at least one eligibility method: Section (A) or (B).**

Please check which Lifeline program you qualify for:

☐ Regular Lifeline ☐ Tribal Lands Lifeline

(A) PROGRAM BASED ELIGIBILITY

I certify that I, or a member of my household, participate in at least one of the following programs (please check ALL that apply):

<input type="checkbox"/> Medicaid (note: this is not the same as Medicare)	<input type="checkbox"/> Veterans and Survivors Pension Benefit
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Federal Public Housing Assistance
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	

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:**

If you live on a tribal land/reservation (as defined in Title 47 - Code of Federal Regulations, Section 54.400(e)), you may also qualify for Lifeline if you participate in:

<input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR)
<input type="checkbox"/> Tribally Administered Temporary Assistance for Needy Families (TTANF)
<input type="checkbox"/> Head Start (must meet income-qualifying standard)
<input type="checkbox"/> Bureau of Indian Affairs General Assistance

APPLICATION CONTINUED ON BACK



01/20/2018



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(B) INCOME BASED ELIGIBILITYTotal number of persons in my household is .Total annual household income is \$, . By my initials and by signing this application, I certify that my total household income is at or below 135% of the Federal Poverty Guidelines. (Please refer to the chart on the right.)**2018 FEDERAL POVERTY GUIDELINES***

This chart reflects the eligibility guidelines for customers in Alabama at 135% of the federal guidelines.

Persons in Household	Annual Income Limits*
1	\$16,389
2	22,221
3	28,053
4	33,885
5	39,717
6	45,549
7	51,381
8	57,213
Over 8: Per each additional person	\$5,832

*New guidelines are published annually by the U.S. Department of Health and Human Services (DHHS)

→ STEP 5 - PROOF OF ELIGIBILITY**PHOTOCOPY** (original documentation will not be returned) one or more of the following acceptable proofs of your eligibility from Step 4 and submit with this application.**(A) PROGRAM BASED ELIGIBILITY****I have attached copies of one or more of the documents listed below:**

- The current or prior year's statement of benefits from the program(s) marked in Step 4
- A notice letter of participation in the program(s) marked in Step 4
- A program participation document from the program(s) marked in Step 4, for example, a SNAP electronic benefit transfer card including participant's name or a Medicaid participation card.
- Other official document proving your participation in the program(s) marked in Step 4.

Benefit Qualifying Person (Provide information below **only if name is different** from Applicant):First Name Middle Initial Last Name Household member receiving benefits Date of Birth: / / Last 4 digits of Social Security Number: Tribal ID: (if applicable)**(B) INCOME BASED ELIGIBILITY****I have attached copies of one or more of the documents listed below.**

- Prior year's federal, state or tribal Tax return
- Unemployment/Workmen's Compensation statement of benefits
- Current income statement from employer
- Veteran's Administration benefits statement
- Social Security statement of benefits
- Paycheck stubs for most recent three (3) months
- Divorce Decree/Child Support document
- Retirement/Pension statement of benefits
- Other official document containing income information
- Federal or Tribal General Assistance Notice Letter

→ STEP 6 - SIGN & DATE. BY MY INITIALS AND BY SIGNING BELOW, I CERTIFY, UNDER PENALTY OF PERJURY, THAT: (Must Initial not checkmarks) The information contained in this application is true and correct to the best of my knowledge. I meet the program or income based eligibility criteria for receiving Lifeline benefits. The service for which I am requesting a Lifeline Benefit be applied is in my name and, to the best of my knowledge, this account will represent the only service receiving the Lifeline Benefits provided to my household, and I am aware that my household can only receive the Lifeline discount on one qualifying service If I move to another address, I will provide notice of that address to my carrier within 30 days. I acknowledge that providing false or fraudulent documentation in order to receive Lifeline benefits is punishable by law. I acknowledge that I may be required to re-certify my continued eligibility for Lifeline assistance at any time and that failure to do so will result in de-enrollment and termination of Lifeline benefit. I understand that if I fail to re-certify my eligibility and I am de-enrolled, I will be required to pay the full published monthly recurring charges for my Internet service going forward. If in the future I, or the qualifying member of my household, no longer participate in at least one of the federally qualifying programs or my total household income exceeds 135% of the Federal Poverty Guidelines listed in Step 4, I begin receiving benefits from another carrier, or if conditions above change, I will promptly notify my carrier within thirty (30) days that I am no longer eligible for Lifeline assistance. Annually, I will need to re-certify my participation in the Lifeline program. I affirm under penalty of perjury, that the foregoing representations are true. **This application will not be processed without a signature, date of birth and last 4 digits of Social Security Number (or Tribal ID, if applicable).****→ Applicant's Signature:** _____ **Date:** _____Applicant's Date of Birth: / / Last 4 digits of Social Security Number: Tribal ID (if applicable): 

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AT&T LIFELINE HOUSEHOLD WORKSHEET

APPLICANT INFORMATION

Name:		Telephone Number:	
Service Address:			

Lifeline is a government program that provides a monthly discount on eligible telecommunications services. Only **ONE** Lifeline Program-supported service per household is allowed under federal law. Members of a household are not permitted to receive Lifeline service from multiple telecommunications companies.

Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An **adult** is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household **expenses** include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). **Income** includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You have been asked to complete this Worksheet to confirm that no one else in your household currently receives a Lifeline-supported service at your address. Answer the questions below to determine whether there is more than one household residing at your address.

1. Does your husband, wife, or domestic partner living at your address have a Lifeline Program-discounted service? (Check NO, if you do not have a husband, wife, or domestic partner)

☐ **NO >** If you checked **NO**, please answer **question #2**.

☐ **YES >** If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.

2. Does another adult (age 18 or older, or emancipated minor) live with you AND have a Lifeline Program-discounted service? For example, parent, son, daughter, another relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.), a roommate, or another person.

☐ **NO >** If you checked **NO**, you are **ELIGIBLE** for the Lifeline Program because no one in your household has a Lifeline Program benefit. You do not need to answer the remaining question. Please **SKIP question #3** and **check OPTION A** below and **SIGN AND DATE THIS FORM**.

☐ **YES >** If you checked **YES**, please answer **question #3**.

3. 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(s) in question #2 that has a Lifeline Program-discounted service?

☐ **NO >** If you checked **NO**, then your address includes **more than one household**. Please **check OPTION B** below and **SIGN AND DATE THIS FORM**.

☐ **YES >** If you checked **YES**, then your address includes only **one household**. You may not sign up for Lifeline because someone in your household already receives Lifeline. **DO NOT** sign this form.

Please check the box below for the one that applies to you:

☐ **OPTION A.** No one in my household currently receives a Lifeline Program benefit.

☐ **OPTION B.** I live at an address occupied by multiple households. I certify by my signature below that I share my address with other adults who do not contribute income to my household and share in my household's expenses or benefit from my income. The other adult(s) who reside at my address who receive a Lifeline program benefit are not part of my household.

I certify that the information provided above is true. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline Program benefits, and may be prosecuted by the United States government for violating the rules.

→ **Applicant's Signature:** _____ **Date:** _____
Please return the signed form to: **AT&T Alabama, PO Box 5020, Charleston, IL 61920-5020** -OR- you may fax completed form to: **1-800-295-7495**.

