Budget PrePay Inc.

Budget MOBILE

Missouri Application for the Lifeline Program

Consumers meeting certain eligibility criteria are able to participate in the Lifeline program and receive discounted voice telephony service. Lifeline service offers a monthly discount of $9.25 or a monthly usage allotment of 250 minutes with no monthly fee. To apply complete this form and also submit **proof of eligibility**.

Eligibility Criteria for the Lifeline Program
___ MO HealthNet (f/k/a Medicaid) ___ Supplemental Nutrition Assistance (Food Stamps) ___ Supplemental Security Income ___ Low-Income Home Energy Assistance (LIHEAP) ___ Federal Public Housing Assistance (Section 8) ___ National School Free Lunch Program ___ Temporary Assistance for Needy Families (TANF) ___ 135% of the Federal Poverty Level *(See next page for income threshold requirements)*

Applicant's Full Name :	**Birth Date:**	**Social Security #** *(last 4 digits)***:**	**DCN:***
Name on Voice Service Account *(If different from Applicant)***:**		**Customer Contact Telephone Number:**	
Customer's Full Residential Service Address *(no P.O. Boxes)***:** Street: City, Town, Zip:		**Is this address a temporary address?** Yes / No *(circle the appropriate response)* (If "yes" then must verify address every 90 days.)	
Is this address also my billing address? ___ Yes ___ No *(If "no" please provide billing address)*:			

*This number is assigned to program participants of MO HealthNet, LIHEAP, Food Stamps and TANF.

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

- The Lifeline program is a government benefit program 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 service 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 is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

- I will be de-enrolled from the Lifeline program and my service deactivated if my service fails to be used for a 60-day time period. Using the service includes completion of an outbound call, purchase of additional usage, or answering an incoming call from a party not affiliated with this company.

I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING:

- I meet the eligibility criteria for the Lifeline program.
- I will provide notification to my voice service provider within 30 days if for any reasons 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 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 voice service provider within 30 days.
- If I have a temporary residential address then I will be required to verify my address with my voice service 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.
- 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 Missouri Public Service Commission who oversee and administer the Lifeline program.

    _____ 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**

Submit a completed signed form and proof of eligibility.

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
$15,755	$21,236	$26,717	$32,198	$37,679	$43,160	$48,641	$54,122	+ $5,481/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 fully year or three consecutive months within the previous twelve months.

Company Use Only:

I hereby attest the applicant presented acceptable proof of eligibility:

_____   _____   _____
Print name of company official   **Signature**   **Date**

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