



West Virginia Tel-Assistance Lifeline Application

Name: (Please print) Last _____ First _____ Middle _____

Address: (No P.O. Boxes) Street _____ City _____ State _____ Zip _____

Billing address: (if different than above) Street _____ City _____ State _____ Zip _____

Is this address Permanent Temporary Multi-Household Number of people in your household _____ DHHR Case #. _____

Telephone # (MUST be in your name) (_____) _____ - _____ Date of Birth (xx/xx/xxxx) _____ - _____ - _____

Alternate telephone # where you can be reached (_____) _____ - _____ Last 4 digits of SS# or Tribal ID # _____

1. I am currently participating in the following program(s): Check all that apply. For verification, please provide proof by sending a copy of the programs benefit statement, notice, letter or other official participation document.* Benefit cards not accepted. **PHOTOCOPIES ONLY - ORIGINALS WILL NOT BE RETURNED.**

- _____ Temporary Assistance for Needy Families (TANF)* _____ Medicaid*
_____ Federal Public Housing Assistance (Section 8)* _____ Supplemental Security Income (SSI)*
_____ National School Lunch Program's free lunch program* _____ Low Income Home Energy Assistance Program (LIHEAP)*
_____ Supplemental Nutrition Assistance Program (SNAP) formerly Food Stamps* _____ Other income-related Federal or State program*

*If the proof that you are sending is not in your name, you MUST fill out the statement below.

I CERTIFY THAT _____ (name on proof) Date of Birth _____ / _____ / _____
and last 4 of SS# or tribal ID _____ IS A MEMBER OF MY HOUSEHOLD AND IS NOT ALREADY RECEIVING LIFELINE
BENEFITS FROM FRONTIER OR ANOTHER COMPANY.

OR 2. I do not participate in any programs listed in #1 above but my household income is at or below the Federal Poverty Guidelines of \$15,754.50 for a 1 person household, \$21,235.50 for a 2 persons, \$26,716.50 for 3 persons, and \$5,481.00 for each additional person. For verification, please provide proof of by sending a copy of your most recent: federal or state tax return, income statement or W-2 from an employer, 3 months of pay stubs, Social Security benefit statement, Veteran's Administration benefit statement, retirement/pension benefits statement, Unemployment/Workmen's Compensation benefit statement, divorce decree, child support award, or other legal document that would show total current income. Bank statements are not accepted. **PHOTOCOPIES ONLY - ORIGINALS WILL NOT BE RETURNED.**

3. To be completed by ALL customers regardless of your selections in Sections 1 & 2.

I certify under penalty of perjury: Initial by each Certification line below:

- _____ (1) The information contained in my application remains true and correct to the best of my knowledge and I acknowledge that Lifeline is a federal benefit and that willfully providing false or fraudulent information to receive Lifeline benefits is punishable by law, may lead to fines, imprisonment, de-enrollment and may result in me being barred from the program.
_____ (2) I am a current recipient of the program checked above, or have an annual household income at or below the Federal Poverty Guidelines listed above.
_____ (3) I understand that my household can only have one Lifeline-supported telephone service. Frontier has explained the one-per household requirement. I understand that violation of the one per household requirement constitutes a violation of the FCC's rules and will result in my de-enrollment in the Lifeline program and could result in criminal prosecution by the United States government.
_____ (4) I attest to the best of my knowledge that neither I nor anyone else in my household receives a Lifeline-supported service from any other landline or wireless company. Household is defined as any individual or group of individuals who live together at the same address and share income and expenses.
_____ (5) I understand that my Frontier lifeline service is non-transferable and I may not transfer my service to any individual including any other eligible low-income customer.
_____ (6) I will notify Frontier within 30 days if I no longer qualify for lifeline. I understand this requirement and that I may be subject to penalties if I fail to notify Frontier. Specifically, I will notify Frontier if: 1) I cease to participate in the above federal or state program, or if my annual household income exceeds the income guidelines; 2) I am receiving more than one Lifeline service; or 3) I no longer satisfy the criteria for receiving Lifeline support.
_____ (7) I will notify Frontier within 30 days of moving. Additionally, if my address listed above is a temporary address, I understand that I must verify my address with Frontier every 90 days. If I fail to respond to Frontier address verification attempts within 30 days, my Lifeline service may be terminated.
_____ (8) Frontier has explained to me that I am required each year (or as requested) to recertify my continued eligibility for Lifeline. If I fail to do so within thirty (30) days, my Frontier Lifeline service will be terminated.
_____ (9) I authorize and understand that Frontier may provide to state and federal agencies, as required by law for the purpose of complying with the Lifeline program all of the information related to my account, including but not limited to my name, date of birth, social security number, address and phone number.
_____ (10) I understand that my telephone number, date of birth, last four digits of my social security number, and address will be divulged to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline subsidy.
_____ (11) I understand that if USAC identifies that I am receiving more than one Lifeline subsidy, all carriers involved may be notified so that I may select one service and be de-enrolled from the other.
_____ (12) I have provided documentation of eligibility along with this application.

Applicant Signature

Date

I am an "Authorized Representative" for this customer and am submitting this form on behalf of this customer.

Print "Authorized Representative" Name

Signature (Authorized Rep.)

Daytime Phone Number

Date

Mail to: Frontier Lifeline 1398 S. Woodland Blvd. Suite A, Deland, FL 32720 or fax toll-free to 888-609-9919. If you have any questions, please call Frontier's Customer Service at 1-800-921-8101.