Michigan Lifeline Administration Service							
LIFELINE APPLICATION							
Eligible customers will receive \$11.25 off their monthly phone bill							
and seniors aged 65 and older can receive additional discounts.							
TOLL FREE 1-866-321-2323							
To apply for Lifeline Service, complete the application below and send it to: Lifeline Administration Service							
					3548		
PO Box 11037, Lansing, Michigan 48901 OR fax to 517-482-3548 IDENTIFICATION INFORMATION (PLEASE PRINT)							
Applicant's pho			Name of phone compa				
Date of Birth:		4-digit	s of Social Security Nur	-			
Last Name:			st Name:	iligen.	M.I.:		
Street:		111.			101.1		
Street.							
Residential stre	et address only; FCC regulatior	s proh	ibit the use of P.O. Box	es for the Lif	eline program		
City:		5	State:		ZIP Code:		
This is my perm	anent address:Yes 🗌 No 🗌	This i	s a rural address with n	no postal rout	e:Yes 🗌 No 🗌]	
Billing Address,	City, State and Zip Code (if diffe	erent fi	rom Service Address)				
_							
	ple unique households (e.g.						
-	assisted living facility) at my	1	/ES	NO 🗌			
address, as defi	ined in this program.						
			JALIFICATION INFORM			• • •	
To be eligible fo	or Lifeline discounts, regulations	requir	e you to qualify via one	e of the two n	nethods below. Pl	ease fill out	
	<u>'</u>		an nanidina tha falla				
	income is within the guideline ousehold income, which is state				oples that docum	ent my totai	
TOTAL MONTH	Y INCOME: \$	NUM	BER OF HOUSEHOLD M	EMBERS:			
	# of Household Members	G	ross Monthly Income	Gross Ar	nual Income*		
	1		\$1,471	\$	17,655		
	2		\$1,991	\$	23,895		
	3		\$2,511	\$	30,135		
	4		\$3,031	\$	36,375		
	*Add \$6,240 (\$520 monthly) for each	additio					
Prior year's state or federal tax return.			Current Annual Income Statement from Employer				
Social Security statement of benefits		Paycheck stubs or other official document containing income information for any 3 consecutive months within last 12 months					
Retirement/pension statement of benefits			Ueterans Administration statement of benefits				
Unemployment/Worker's Compensation Statement of Benefits			Divorce decree or child support document containing income information				
Method 2. I, or the member of my household named below, receives assistance from one of the listed programs. I am providing documentation of participation in the checked program.							
Name:							
Food stamps			Federal Public Housing Assistance or Section 8				
L Medicaid			Temporary Assistance for Needy Families (TANF)				
Supplemental Security Income			National School Lunch – Free Lunch Program				
Low-Income Home Energy Plan (LIHEAP)							

LIFELINE ADMINISTRATION SERVICE PROCESSES APPLICATIONS FOR THE FOLLOWING COMPANIES						
AcenTek	Climax Telephone Company	Springport Telephone Company				
Allband Communications Coop.	Deerfield Farmers' Telephone Co.	TDS Telecom				
Baraga Telephone Company	Hiawatha Telephone Company	Thumb Cellular				
Barry County Telephone Company	Kaleva Telephone Company	Upper Peninsula Telephone Company				
Blanchard Telephone Company	Lennon Telephone Company	Waldron Telephone Company				
Bloomingdale Communications	Michigan Central Broadband Co.	Westphalia Broadband, Inc./Comlink				
Carr Telephone Company	Midway Telephone Company	Westphalia Telephone Company				
CenturyLink of Michigan	Ogden Communications	Winn Telecom				
CenturyLink of Midwest Michigan	Ontonagon County Telephone Co.	Winn Telephone Company				
CenturyLink of Northern Michigan	Pigeon Telephone Company					
CenturyLink of Upper Michigan	Sand Creek Telephone Company					
Chapin Telephone Company	Southwest Michigan Communications					

For more information, please call 1-866-321-2323.

If your phone company is not on the list above, please contact them directly to apply for Lifeline discounts.

APPLICANT ACKNOWLEDGEMENTS

PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS TO INDICATE THAT YOU UNDERSTAND AND AGREE:

 -I understand and consent to Lifeline Administration Service providing my Lifeline service account 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, the amount of Lifeline support
provided, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company
(USAC), USAC's agents and/or the National Lifeline Accountability Database to ensure the proper administration of the
Lifeline program. I understand that if I fail to provide this consent, Lifeline Administration Service will deny me
Lifeline service.

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

- -----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.
- Lifeline support is only available for a single phone line at my principal residence and no one else in my household is receiving Lifeline discounts. (A "household" is defined as any individual or group of individuals who live together at the same address and share income and expenses.)
- Violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.
 I understand that if I am identified as receiving more than one Lifeline benefit, all telephone service providers involved
- may be notified so that I may select one service and be de-enrolled from the other(s).
- ——I will notify my telephone company within 30 days if I no longer qualify for Lifeline and I may be subject to penalties if I fail to do so.
- ——I will notify my telephone company within 30 days of any changes to my residential address.
- ____I will be required to certify my continued eligibility for Lifeline at least once a year and know failure to do so will result in termination of my participation in the program.

APPLICANT SIGNATURE

I certify, under penalty of perjury, that the information provided in this application and supporting documentation is true and complete.

Signature:

Date:

REVISED 1/2015