



# LIFELINE PROGRAM ANNUAL RECERTIFICATION FORM

The Lifeline Program is a federal program that helps eligible consumers pay for wireless or home telephone service by discounting monthly service bills. At least once each year, consumers who receive Lifeline Program-supported service must recertify that 1) they remain eligible, and 2) no one else in their household receives Lifeline Program-supported service. A household is any individual or group of individuals who live together at the same address and share income and expenses. Your household may receive the Lifeline benefit for one mobile or one fixed home telephone service, but not both. A household may not receive Lifeline Program benefits from multiple service providers. You may not transfer your Lifeline benefit to another person, even if he or she is eligible.

Mail your completed form to:

Global Connection Inc. of America  
 P.O. Box 48269 Atlanta, GA 30362-1269

## Section 1: Consumer Information

You must complete all sections of this form within 30 days to recertify your continued eligibility for the Lifeline Program or your service provider will remove the Lifeline Program benefits from your account.

1. First Name \_\_\_\_\_ 2. Middle Name \_\_\_\_\_ 3. Last Name \_\_\_\_\_

4. Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ 5. Last Four Digits of Social Security Number: \_\_\_\_\_  
 If you are unable to provide the last four digits of a Social Security Number, complete line 6.

6. Tribal Identification (Tribal ID) Number: \_\_\_\_\_ 7. Telephone Number: \_\_\_\_\_  
 Service address of principal residence (no Post Office Box): \_\_\_\_\_

8. Street Address: \_\_\_\_\_ 9. Apt: \_\_\_\_\_ 10. City: \_\_\_\_\_ 11. State: \_\_\_\_\_ 12. Zip Code: \_\_\_\_\_

13. Is this a temporary address? YES  NO

Billing address, if different from service address (may include Post Office Box):

14. Street Address: \_\_\_\_\_ 15. Apt: \_\_\_\_\_ 16. City: \_\_\_\_\_ 17. State: \_\_\_\_\_ 18. Zip Code: \_\_\_\_\_

## Section 2: Program Requirement — One Per Household

A "household" is any individual or group of individuals who live together at the same address and share income and expenses. Only one person in a household can qualify to receive Lifeline Program-supported telephone service. Only one telephone service in a household can receive Lifeline Program support. A household may not receive Lifeline Program benefits from multiple service providers.

19.  My initials here certify that I meet the one-per-household requirement. I understand that falsely certifying eligibility is a violation of the rules of the Federal Communications Commission and will result in my removal from the Lifeline Program and could result in criminal prosecution by the United States government.

20.  My initials here certify that I reside on Tribal lands (if applicable). 21. Do you live at an address at which there are multiple households?  YES  NO  
 If "yes" is checked, you must complete a supplemental form to recertify your eligibility. Please contact us at 877-511-3009

## Section 3: Program Requirement — Eligibility

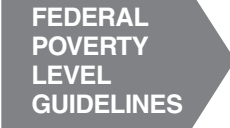
Complete this section to indicate that you (or your dependent or a member of your household) receives benefits from at least one of the programs listed below OR your household meets the income requirement.

22.  I (or my dependent or member of my household) receive benefits from at least one of the programs listed below.  
 If checked, please indicate the program(s) from which you (or your dependent or member of your household) receives benefits. Check all that apply.

Medicaid  Low Income  Bureau of Indian Affairs General Assistance Head  
 Supplemental Nutrition Assistance Program (SNAP)  e Home Energy Assistance Program Temporary Assistance  Start (Only if residing on tribal lands and household meets the income qualifying standard)  
 Supplemental Security Income  for Needy Families (TANF)  Food Distribution Program on Indian Reservations  
 Federal Public Housing (Section 8)  National School Lunch/Free Lunch Program (NSL)  Tribal Temporary Assistance for Needy families (Tribal TANF)  
 State approved assistance program: \_\_\_\_\_  
 assistance program boxes are checked and you do not meet the income requirements below, you must contact us at 877-511-3009 in order to recertify.  
 I do not receive benefits, but my dependent or a member of my household does receive benefits from a program checked above. Full name of dependent or household member receiving benefits: \_\_\_\_\_

\*Note: If none of the above federal

23.  My household income is at or below the amount listed below for my state.  
 If checked, number of people in my household: \_\_\_\_\_



Household Size	Alaska	AZ, KS, MI, NM, OH, TX & VT*	All Other Contiguous States and D.C.	Household Size	Alaska	AZ, KS, MI, NM, OH, TX & VT*	All Other Contiguous States and D.C.
1	\$20,034	\$17,820	\$16,038	6	\$54,972	48,870	\$43,983
2	\$27,027	\$24,030	\$21,627	7	\$61,992	55,095	\$49,586
3	\$34,020	\$30,240	\$27,216	8	\$69,012	\$61,335	\$55,202
4	\$41,013	\$36,450	\$32,805	9	\$76,032	\$67,575	\$60,818
5	\$48,006	\$42,660	\$38,394	For each additional person, add	\$7,020	\$6,240	\$5,616

## Section 4: Notification Obligations

You have obligations if you receive Lifeline Program benefits. You must initial the statements below to acknowledge you understand your obligations:

24.  I will notify my service provider within 30 days if I (or my dependent or household member) no longer participate(s) in the federal/state programs identified in my application or if my household income exceeds my state's poverty level guidelines.

25.  I will notify my service provider within 30 days if I or my household begins to receive more than one Lifeline Program benefit.

26.  I will notify my service provider within 30 days if I no longer qualify for Lifeline Program benefits for any reason.

27.  I will notify my service provider of my new address within 30 days of moving.

28.  I understand these notification obligations and that I may be subject to penalties if I fail to provide this notice.

## Section 5: Certifications

You must certify the following statements. You must read and initial all certifications.

29.  I hereby certify under penalty of perjury that I (or my dependent or other member of my household) currently receive(s) benefits from the federal/state program(s) identified above or my annual household income is at or below 135 percent of the Federal Poverty Guidelines (or the amount that applies to my state as indicated in the chart above).

30.  I hereby certify under penalty of perjury that I acknowledge that my household can only receive one Lifeline Program benefit and to the best of my knowledge my household is not receiving more than one Lifeline Program benefit from either a home phone or wireless service provider.

31.  I hereby certify under penalty of perjury that I agree not to transfer my Lifeline Program benefits to another person.

32.  I hereby certify under penalty of perjury that I acknowledge that I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program as required will result in my removal from the Lifeline Program.

33.  I hereby certify under penalty of perjury that I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, my Tribal Identification Number (if I am a member of a Tribal nation), the telephone number to be associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits.

34.  I hereby certify under penalty of perjury that all of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge.

35.  I hereby certify under penalty of perjury that I acknowledge that knowingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program.

36. Signature: \_\_\_\_\_ 37. Date: \_\_\_\_\_

38. Printed Name: \_\_\_\_\_

Customers may contact their State Public Service or Public Utility Commission with any unresolved questions or complaints concerning Lifeline services:

Colorado Public Utilities Commission Consumer Affairs at 303-894-2070 or 800-456-0858  
 Georgia Public Service Commission's Consumer Affairs Unit at 404-656-4501 or 800-282-5813  
 Kansas Commission's Office of Public Affairs and Consumer Protection at 785-271-3140 or 800-662-0027 TDD 800-766-3777  
 Massachusetts Consumer Division Dept. of Telecommunications & Cable 617-305-3531 or 800-392-6066

IMPORTANT	LIFELINE WIRELESS SERVICE INFORMATION:	LIFELINE ELIGIBILITY CRITERIA	Please check your eligibility on the list below
Lifeline is a government assistance program. Only one Lifeline service is available per household. A violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in your de-enrollment from the program. Your household is not permitted to receive multiple Lifeline benefits whether they be from one or multiple companies. This includes wireline and wireless services. Lifeline is a non-transferable benefit. You may not transfer your benefit to any other person. You must activate your service. You must use your phone to continue to receive service. Should you not use your service for 60 days you will be de-enrolled. Lifeline is a federal benefit. Willingly making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Proof of eligibility is required and only eligible customers may enroll. Proof may consist of eligible program card or statement of benefits.	Supplemental Nutrition Assistance Program (SNAP) (Food Stamps); Low Income Heat & Energy Assistance (LIHEAP); Supplemental Security Income (SSI); Federal Public Housing Assistance (Section 8); Temporary Assistance for Needy Families (TANF); National Free School Lunch Program (NSLP); Medicaid; AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MP, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WV, WI, WY, PR.	Bureau of Indian General Assistance; AK, CA, FL, KS, LA, MN, OK, RI, UT Head Start (Income Qualifying / Tribal Lands Only); AK, CA, FL, KS, LA, MN, OK, RI, UT Tribally Administered TANF; AK, CA, FL, KS, LA, MN, OK, RI, UT	Food Distribution on Tribal Lands; FL, KS, LA, MN, OK, RI, UT 135% of Federal Poverty Guidelines or Below; AL, AK, AR, CO, CT, DE, DC, FL, GA, GU, HI, ID, IL, IN, IA, KY, LA, ME, MD, MA, MI, MN, MP, MS, MT, NE, NV, NH, NJ, NY, NC, ND, OK, OR, PA, PR, RI, SC, SD, TN, UT, VA, WA, WV, WI, WY. 150% of Federal Poverty Guidelines or Below; AZ, KS, MI, NM, OH, TX, VT State has specific qualifying Programs (Check with us); AK, AR, CA, FL, GA, ID, KS, ME, MD, MA, MN, NE, NJ, NY, OH, OK, OR, RI, TX, UT, VT, VA, USVI, WA, WV, WI, WY