

Lifeline Application and Certification Form

Mail To ATMC, Attention: Lifeline, P.O. Box 3198, Shallotte, NC 28459 or FAX to 910-755-1873

Lifeline Rules

- 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.
- 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 the Federal Communications Commission’s (or “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.

How to apply: four steps

1. Choose whether you will apply because you participate in a qualifying program or because your total household income falls within the guidelines listed below (Qualifying Methods/Program Eligibility).
2. Complete the Application Form. You must indicate your service address as well as your billing address (if not the same as your service address), as well as the last four digits of your SSN, and your date of birth and (if applicable) the SSN and date of birth of the qualifying person.
3. You must provide photocopies of your qualifying program documents or your income documents.
4. You must sign the bottom of the application indicating that you are complying with the Lifeline benefit rules and you must initial every agreement statement.

Qualifying Methods

You may qualify for Lifeline either because you participate in one of the following programs or because your income is within the following guidelines. **NOTE: You may receive Social Security and Medicare benefits, but to qualify for Lifeline, you must receive benefits from one of the following programs or your income must fall within the guidelines.** You MUST send photocopies of any qualifying documentation. **NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.** Documentation may include a photocopy of a dated card or award letter.

Are You In Any of The Programs Listed Here?
Program Name
-Supplemental Nutrition Assistance Program (food stamps/SNAP)
-Federal Public Housing/Section 8
-Medicaid
-Supplemental Security Income (SSI)
-Veterans Pension or Survivors Benefit

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Do You Qualify By Your Income?	
How Many People In Household?	Is Household’s Income Below This Amount?
1	\$16,389
2	\$22,221
3	\$28,053
4	\$33,885
5	\$39,717
6	\$45,549
7	\$51,381
8	\$57,213
Each Add’l.	+ \$5,832/person

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SECTION 1 – GENERAL INFORMATION

I am Applying for New Lifeline Benefit	I am Renewing my Lifeline Benefit	Transfer my Lifeline Benefit from another provider to ATMC

Full Name of ATMC Member:		Full Name of Qualifying Person (if different, required):	
Member DOB:	Member 4 digit SSN:	Qualifying Person's DOB:	Qualifying Person's 4 digit SSN:
Service Address (If ACP, do not complete this section):			<input checked="" type="checkbox"/> Check Here If Address is Temporary
City:	State:	Zip:	
Billing Address (if different) (ACP must complete this section):			
City:	State:	Zip:	
Home Telephone:	Mobile Telephone:	Email address:	

What is the best way to contact you? Mail___ Email___ Home Phone___ Mobile Phone___

SECTION 2 – PROGRAM ELIGIBILITY

ELIGIBILITY INFORMATION - I certify that I participate in at least one of the following programs (check all that apply) and I am providing a photocopy of a document that demonstrates my participation in one of these programs. NOTE: PROVIDE PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

(E1)Medicaid	<input type="checkbox"/>	(E4)Federal Public Housing/Section 8 (FPHA)	<input type="checkbox"/>
(E2) Supplemental Nutrition Assistance (food stamps/SNAP)	<input type="checkbox"/>	(E15) Veterans Pension Benefit	<input type="checkbox"/>
(E3)Supplemental Security Income (SSI)	<input type="checkbox"/>		<input type="checkbox"/>

**If you check any of the boxes above (E1 – E4 or E15),
SKIP Section 3 and complete Section 4.**

SECTION 3 – INCOME ELIGIBILITY (DO NOT COMPLETE IF YOU HAVE COMPLETED SECTION 2)

I certify that my total household income falls within the guidelines listed on Page 1 and I also certify that this is how many people live in my household (required): Adults___ Children___. I am providing a photocopy of the following qualifying documents (check all that apply):

(E13-1)Prior year's state or federal tax return	<input type="checkbox"/>	(E13-7)Current income statement from an employer	<input type="checkbox"/>
(E13-2)Paycheck stubs for most recent 3 months	<input type="checkbox"/>	(E13-8)Social Security statement of benefits	<input type="checkbox"/>
(E13-3)Child Support document	<input type="checkbox"/>	(E13-9)Divorce decree	<input type="checkbox"/>
(E13-4)Retirement / pension statement of benefits	<input type="checkbox"/>	(E13-10)Unemployment statement of benefits	<input type="checkbox"/>
(E13-5)Workers Compensation statement of benefits	<input type="checkbox"/>	(E13-11)Veterans Administration benefits statement	<input type="checkbox"/>
(E13-6)Federal notice letter of participation in General Assistance	<input type="checkbox"/>	(E13-12)Other official document with income information	<input type="checkbox"/>

You must complete the Certification on the following page before your application may be submitted.

