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					

Do You Quali	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 Addt'l.	+ \$5,832/person						

Lifeline Application and Certification Form

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

SECTION 1 – GENERA	AL 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 Mer	Full Name of ATMC Member:			Full Name of Qualifying Person (if different, required):					
Member DOB:		Qualifying Person's DOB: Qualifying Person's 4 digital			on's 4 digit SSN:				
Service Address (If ACP,	do not complete this sec	ction):		√ Check He Address is Temporary				
City:			State:	Zip:					
Billing Address (if differe	ent) (ACP must complete	this	section):						
City:		State: Zip:							
Home Telephone:	Email address:								
that apply) and I am prothese programs. NOTE: F	•		Y; WE WILL	NOT RETURN		ENTATION.			
(E2) Supplemental Nutrition		0	(E15) Veterans Pension Benefit						
(E3)Supplemental Security In		. ←		l /	54 54 ••	. 545\			
SECTION 3 – INCOME ELI I certify that my total he this is how many peop	ousehold income falls w ble live in my househo	end PLET vithin	comple E IF YOU HA In the guide (required):	ete Section NE COMPLET lines listed or Adults C	n 4. ED SECTION 2 Page 1 and	l also certify tha			
photocopy of the following (E13-1)Prior year's state or fe					nent from an em	nlover			
(E13-2)Paycheck stubs for most recent 3 months			• •	(E13-7)Current income statement from an employer (E13-8)Social Security statement of benefits					
(E13-3)Child Support docume	0		[E13-9)Divorce decree						
(E13-4)Retirement / pension	\bigcirc	(E13-10)Unemployment statement of benefits							
(E13-5)Workers Compensation			3-11)Veterans Administration benefits statement						
(E13-6)Federal notice letter of		0			tion benefits statent with income				

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

Page 2 of 3

Regulatory

January 2018

Lifeline Application and Certification Form

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

SECTION 4 – CERTIFICATION I certify, under penalty of perjury, that:

<u>JL</u>	CHON 4 - CEN	TIFICATION	i cei ti	iy, unu	ei peni	iity oi peiju	ıy, tılat.			
1.	I meet the income-linere:)	pased or program-ba	ased eligibilit	y criteria fo	or receivin _i	g Lifeline, shown i	n Section 2 o	r Section 3 of this form. (Initial		
2.	I will notify ATMC within 30 days if for any reason 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 am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit. (Initial here:)									
3.	If I move to a new address, I will provide that new address to ATMC within 30 days. (Initial here:)									
4.	. My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service. (Initial here:)									
5.	The information contained in this certification form is true and correct to the best of my knowledge. (Initial here:)									
6.	. I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits. (Initial here:)									
7.	I hereby authorize ATMC to release any of my information contained in this Lifeline Application required for administration of the Lifeline program to the Federal Communications Commission ("FCC") or its designee, including the Universal Service Administrative Company ("USAC"), and to any state and federal agency, as required by law. (Initial here:)									
8.	. I acknowledge that willingly giving false or fraudulent information to receive Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program. (Initial here:)									
9.	9. If the box marked "Transfer" on Page 1 of this application is checked, I request and authorize ATMC to verify my eligibility and move my Lifeline benefits from my current provider to my ATMC Lifeline qualified service. (Initial here:)									
Ар	plicant's Signatu	ire			 		Date			
				FOR ATI	MC USE	ONLY				
		Eligibility V	erificatio	n (Step	s Must	Be Perform	ned In Or	der)		
	Qualifier #1	Qualifier		Qualif		Qualifie		Qualifier #5		
I:	s name in NLAD?		Has customer agreed to		ress in	Has customer		Do customer's documents		
			transfer their Lifeline		D?	and signed		prove eligibility?		
		service to A				Household W		. ,		
	YES, proceed to			YES, p	roceed	YES, procee	ed to	YES, submit all forms to		
Qı	ualifier #2.	· · · · · · · · · · · · · · · · · · ·		ualifier #4. Qualifier# 5.			Lifeline Rep for processing.			
	_ NO, proceed to	NO, custome	r cannot	NO, proceed		NO, custor	mer cannot	NO, destroy documents		
Qı	ualifier #3.	be enrolled.		to Qualifier #5.		be enrolled.		and notify customer they do not qualify.		
	Document Review Circle below the program documents that were reviewed to Confirmed Eligibility									
		E1	E2 E3	E4	E15	or	E13			
				Sele	ct Servi	ce				
	1. 🗆 \	oice Only 2.	Broadha	nd Only	3 Voice	e & Broadband				
 Voice Only 2. ☐ Broadband Only 3. Voice & Broadband (LOSR) (LOSRBB) a.☐ Voice w/ TVD - BB 1.5 (LOSR) 										
b Voice w/ TVD - BB 1.5 (LOSRVB)										
	c. Voice w/ TV7 or TVI − BB less than 15M(LOSR)									
						· ·		·		
L					a.∟JVC	-		SM or higher (LOSRVB)		
_ ^ -	TMC Employee S	ignature:				Date:	ATMC	Member #:		