

Massachusetts Lifeline Certification Application

Please fill out the fields below as completely as possible. If you have any questions, please call RCN at 1.800.746.4726.

Section A: Personal Information

The person below MUST BE the same person applying for Lifeline service. Please do not forget to sign the application in section D. Please print clearly.

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Last 4 digits of SSN: ____ ____ ____ ____ Home Telephone Number: _____

Email: _____

Home Address: In this a temporary address? ☐

PO Boxes Cannot Be Accepted

Street Address: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If different from above):

Street Address: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

COMPLETE SECTION B OR C

Section B: Program---Based Eligibility

Fill in the check boxes for all programs that you or a household member are currently enrolled in. **You must provide proof of program participation** (DO NOT SEND ORIGINAL DOCUMENTS). This could include a copy of your benefit ID card, a copy of an eligibility letter from an authorized agency, or current or prior year's statement of benefits.

- | | |
|---|--|
| <input type="checkbox"/> MassHealth or Medicaid | <input type="checkbox"/> Federal Public Housing (Section 8) |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Supplementary Security Income (SSI) Not Social Security | <input type="checkbox"/> Bureau of Indian Affairs (BIA) General Assistance |
| <input type="checkbox"/> Low Income Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Food Distribution Program (Tribal Land Residents) |
| <input type="checkbox"/> Veterans and Survivors Pension Benefit | <input type="checkbox"/> Head Start Program (Tribal Land Residents) |
| <input type="checkbox"/> Transitional Aid to Families with Dependent Children (TAFDC) | |

Section C: Income---Based Eligibility

Calculate TOTAL household income by reporting the income of all adult persons residing in your home in the appropriate category. **You must provide proof of income** (do not send original documents).

<u>Household Size</u>	<u>Maximum Yearly Income</u>	Proof of income reporting: Choose an item from the list below and include it with your application:	
<input type="checkbox"/> 1	\$17,388	Three consecutive months of one of these statements (from last 12 months)	-OR- One of these documents:
<input type="checkbox"/> 2	\$23,517		
<input type="checkbox"/> 3	\$29,646		
<input type="checkbox"/> 4	\$35,775		
<input type="checkbox"/> 5	\$41,904		
<input type="checkbox"/> _____	\$ _____	<ul style="list-style-type: none">• Your pay stubs• Social Security benefits statement• Veterans Administration benefits statement• Retirement/Pension benefits statement• Unemployment/Worker's Compensation benefits statement	<ul style="list-style-type: none">• Prior year's state or Federal Income tax return• Income statement from employer• Federal letter of participation in General Assistance• Divorce decree or child support document containing income
If you have more than 5 people in your household, write the number and add \$6,129 for each person on top of the \$41,904.			

Section D: Signature

By signing the below, I certify under penalty of perjury that the information contained within this application is true and correct to the best of my knowledge.

- **I understand** that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
- **I understand** that Lifeline is a federal government benefit program and that willfully making a false statement or providing fraudulent documentation in order to obtain this government benefit may result in fines, imprisonment, de-enrollment, or permanent removal from the program.
- **I understand** that only one Lifeline discounted service (landline or wireless) 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. I understand that violation of the one-per-household rule constitutes a violation of federal rules and will result in de-enrollment from the Lifeline program and potential prosecution by the United States government.
- **I understand** that Lifeline is a non-transferrable benefit. I will not transfer to any third party, including another eligible individual, any of the rights or benefits received under the RCN service.
- **I certify** that I participate in a qualifying federal program or meet the income qualifications to establish eligibility for Lifeline. I have provided documentation as proof of eligibility for Section B or Section C.
- **I certify** that my household will receive only one Lifeline benefit. To the best of my knowledge, (i) my household is not already receiving a Lifeline, or (ii) if I currently have a Lifeline Assistance plan with a different phone service provider, and if I am approved for RCN service, I will notify my current provider that I am receiving a federal Lifeline Assistance benefit from RCN.
- **I certify** that if I have provided a temporary address: RCN will attempt to verify every 90 days that I continue to reside at that address, and I must notify RCN within 30 days of any change of address. If I do not respond to RCN's address verification attempts within 30 days, I may be de-enrolled from RCN's service.
- **I certify** that I will inform RCN within 30 days of any of the following, and may be subject to penalties if I fail to do so:
 - I move to a new address.
 - I no longer participate in a Lifeline qualifying program or my annual household income exceeds 135% of the Federal Poverty Guidelines.
 - I become aware that my household is receiving more than one Lifeline benefit.
 - For any other reason, I no longer meet the criteria for Lifeline support.
- **I authorize** RCN or its agents to access any records (including financial records) required to verify my statements herein and to confirm my eligibility for RCN service. I authorize state or federal agency representatives to discuss with, and/or provide information to RCN verifying my participation in public assistance programs that qualify me for RCN service.
- **I authorize** RCN to provide access to or release any records required for the administration of RCN service.
- **I understand** that the completion of this application does not constitute immediate approval for RCN service.

You must initial the following statements below:

- _____ No one in my household is receiving Lifeline benefits from another provider to my knowledge.
- _____ I understand that I may be required to re-certify continued eligibility for Lifeline at any time, and that failure to do so will result in the termination of my Lifeline benefits.
- _____ I consent to have my personal identification information shared with the Universal Service Administrative Company (USAC) (the Lifeline Program administrator) and/or its agents for the purpose of confirming that neither I nor my household receives more than one Lifeline benefit.

PLEASE SIGN AND DATE THIS APPLICATION FORM

Signature: _____ Date: ____/____/____

Printed Name: _____

PLEASE MAIL SIGNED APPLICATION AND PROOF OF ELIGIBILITY TO:

Astound Broadband powered by RCN

Attn: Lifeline Applications

956 Massachusetts Ave

Arlington Ma. 02476

If you have any questions, please call: 1.800.746.4726