

New York 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"/> 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>	<u>Proof of income reporting: Choose an item from the list below and include it with your application:</u>	
<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	<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
<input type="checkbox"/> _____	\$ _____		

If you have more than 5 people in your household, write the number and add \$6,127 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 E-MAIL SIGNED APPLICATION AND PROOF OF ELIGIBILITY TO:

NYlifeline@Astound.com

If you have any questions, please call: 1.800.746.4726