



# Pennsylvania 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).

| Household Size                 | Maximum Yearly Income |
|--------------------------------|-----------------------|
| <input type="checkbox"/> 1     | \$17,388              |
| <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"/> _____ | \$ _____              |

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.

Proof of income reporting: Choose an item from the list below and include it with your application:

Three consecutive months of one of these statements (from last 12 months) -OR- One of these documents:

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• Your pay stubs</li><li>• Social Security benefits statement</li><li>• Veterans Administration benefits statement</li><li>• Retirement/Pension benefits statement</li><li>• Unemployment/Worker's Compensation benefits statement</li></ul> | <ul style="list-style-type: none"><li>• Prior year's state or Federal Income tax return</li><li>• Income statement from employer</li><li>• Federal letter of participation in General Assistance</li><li>• Divorce decree or child support document containing income</li></ul> |
|--|---|

## 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 FAX OR MAIL SIGNED APPLICATION AND PROOF OF ELIGIBILITY TO:**

**FAX NUMBER: 610.419.2471**

Astound Broadband powered by RCN  
Payment Center  
Attn: Lifeline Applications  
2124 Avenue C  
Bethlehem, PA, 18017

If you have any questions, please call: 1.800.746.4726