



Massachusetts Lifeline Certification Application

Please fill out the fields below as completely as possible. If you have any questions, please call Astound at 1.800.427.8686.

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.

- ☐ MassHealth or Medicaid
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Supplemental Security Income (SSI) Not Social Security
- ☐ Veterans and Survivors Pension Benefit
- ☐ Federal Public Housing (Section 8)

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	\$20,331
<input type="checkbox"/> 2	\$27,594
<input type="checkbox"/> 3	\$34,857
<input type="checkbox"/> 4	\$42,120
<input type="checkbox"/> 5	\$49,383
<input type="checkbox"/> _____	\$ _____

If you have more than 5 people in your household, write the number and add \$7,263 for each person on top of the \$49,383

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:

- Your pay stubs
- Social Security benefits statement
- Veterans Administration benefits statement
- Retirement/Pension benefits statement
- Unemployment/Worker's Compensation benefits statement

- 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

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 Astound 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 Astound service, I will notify my current provider that I am receiving a federal Lifeline Assistance benefit from Astound.
- **I certify** that if I have provided a temporary address: Astound will attempt to verify every 90 days that I continue to reside at that address, and I must notify Astound within 30 days of any change of address. If I do not respond to Astound's address verification attempts within 30 days, I may be de-enrolled from Astound's service.
- **I certify** that I will inform Astound 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** Astound or its agents to access any records (including financial records) required to verify my statements herein and to confirm my eligibility for Astound service. I authorize state or federal agency representatives to discuss with, and/or provide information to Astound verifying my participation in public assistance programs that qualify me for Astound service.
- **I authorize** Astound to provide access to or release any records required for the administration of Astound service.
- **I understand** that the completion of this application does not constitute immediate approval for Astound 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
Attn: Lifeline Applications
956 Massachusetts Ave
Arlington MA, 02476

If you have any questions, please call: 1.800.427.8686