



LIFELINE ASSISTANCE APPLICATION FORM



VERIZON USE ONLY: New Customer [] Annual Re-certification []

SECTION 1 - APPLICANT

Name: (First) (Middle) (Last)
Residential Address: (Street) (City) (Apt #) FL (State) (ZIP)
Billing Address: (Street) (City) (Apt #) FL (State) (ZIP)
Wireless Phone Number (if existing customer): () - () Number of Persons in Household:
Date of Birth: Last four (4) digits of your Social Security #(or complete Tribal government ID#):
I, or a member of my household, currently receives a Lifeline discount at the above residential address:
[] Yes (You are not eligible for Lifeline.) [] No

SECTION 2 - ELIGIBILITY FOR LIFELINE ASSISTANCE

NEW CUSTOMERS - If you qualify based on participation in one of the public assistance programs listed below, you must provide a copy of documentation demonstrating your participation in the program.

EXISTING LIFELINE CUSTOMERS - If you are recertifying your eligibility you do not need to provide these documents.

I am, or my dependant(s) or a member of my household are, currently receiving benefits from one of the following public assistance program(s):

- [] Food Stamps/Supplemental Nutrition Assistance Program (SNAP)
[] Medicaid (not Medicare)
[] Federal Public Housing Assistance (including Section 8)
[] Low Income Home Energy Assistance (LIHEAP)
[] Temporary Assistance for Needy Families (TANF) or Temporary Cash Assistance (TCA)
[] Supplemental Security Income (SSI)
[] National School Lunch Program's free lunch program (must qualify for free lunch)

OR
[] My total household income is at or below 150% of the Federal Poverty Guidelines.
If your total household income is at or below 150% of the federal poverty income guidelines and you are not currently receiving benefits from one of the programs listed above, you may still qualify for Lifeline by demonstrating your income eligibility to the Florida Office of Public Counsel. Please contact the Florida Office of Public Counsel at 1.800.540.7039.

SECTION 3 - APPLICANT CERTIFICATION AND AGREEMENT.

Lifeline is a federal benefit and willfully making false statements to obtain Lifeline can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline is non-transferable and you may not transfer this discount to any other person. Only one Lifeline discount is available per household and a household is not permitted to receive Lifeline from multiple providers. 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. Violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in de-enrollment from the program and could result in criminal prosecution.



SECTION 4 – APPLICANT CERTIFICATION AND AGREEMENT

EACH OF THE FOLLOWING CERTIFICATIONS MUST BE INITIALED IN ORDER TO RECEIVE LIFELINE.

I CERTIFY UNDER PENALTY OF PERJURY:

That I meet the income-based or program-based eligibility criteria for receiving Lifeline.

CUSTOMER INITIALS _____

That I will notify Verizon Wireless within 30 days if I no longer meet the income-based or program-based criteria for receiving Lifeline, if I, or another member of my household is receiving Lifeline, or if for any reason I no longer satisfy the criteria for receiving Lifeline.

CUSTOMER INITIALS _____

That if I move to a new address I will provide my new residential address to Verizon Wireless within 30 days.

CUSTOMER INITIALS _____

That my household will receive only one Lifeline discount and, to the best of my knowledge, my household is not already receiving a Lifeline discount.

CUSTOMER INITIALS _____

That the information contained in this certification form is true and correct to the best of my knowledge.

CUSTOMER INITIALS _____

That I acknowledge that providing false or fraudulent information to receive Lifeline is punishable by law and may subject me to fines, imprisonment or being barred from the program.

CUSTOMER INITIALS _____

That I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and that failure to do so within 30 days will result in termination of my Lifeline discount.

CUSTOMER INITIALS _____

I provide my consent for Verizon Wireless to send the information below to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline discount. If USAC determines that I am receiving more than one Lifeline discount then all Lifeline providers involved may be notified so that I may select one Lifeline provider and be de-enrolled from the other. I understand that if I fail to provide consent, I will be denied Lifeline.

- My full name
- My full residential address
- My date of birth
- The last four digits of my social security number or my complete Tribal Identification number
- My telephone number associated with Lifeline service
- The date on which Lifeline service was initiated
- The date on which Lifeline service was terminated, if it has been terminated
- The amount of my Lifeline discount
- The means through which I qualified for Lifeline

CUSTOMER INITIALS _____

I authorize Verizon Wireless or its authorized representatives to access any records (including financial records) required to verify my statements herein, and to obtain and use my credit as necessary to set up an account, although credit history will not impact eligibility for Lifeline. I authorize social service agency representatives to provide information to Verizon Wireless verifying my eligibility for, or participation in, a qualifying public assistance program. I authorize Verizon Wireless to release any records (including financial records) required for the administration of the Lifeline program.



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I understand the terms of the Verizon Wireless Lifeline plans and authorize Verizon Wireless to make any changes necessary to my account in order to activate or implement the Verizon Wireless Lifeline plans.

I agree to the current Verizon Wireless customer agreement, including the plan, and other terms and conditions for services and selected features I have agreed to purchase, and which have been presented to me by the sales representative, and which I had the opportunity to review. I understand that I am agreeing to limitations of liability for service and equipment, settlement of disputes by arbitration and other means instead of jury trials and other important terms in the customer agreement.

I understand that I must fulfill the terms and conditions of any existing customer agreement with Verizon Wireless and that termination of my existing plan to activate Lifeline service may result in the assessment of a termination fee.

TWO FORMS OF IDENTIFICATION WILL BE REQUIRED TO PROCESS YOUR APPLICATION (ONE PRIMARY, ONE SUPPLEMENTAL):
Primary ID (State issued Driver's License or ID, U.S. Passport, Tribal Card, Resident Alien Card, U.S. Visa, etc.) Supplemental ID (Public Utility Bill, Credit Card Bill, Computerized Paycheck Stub, Social Security Card, Voter Registration Card, Vehicle Registration Card, Bank Statement, County ID, etc.)

SIGNATURE: _____ **DATED:** _____, 20 _____

LIFELINE ASSISTANCE

- Qualifying customers will save at least \$12⁷⁵ per month off of the monthly access for Lifeline.
- You will not be charged a service deposit to initiate Lifeline. However, you may be required to bring your account current if you incur charges materially in excess of your monthly access. Failure to bring your account current may result in a suspension or termination of your service.
- Your equipment charges will appear on your first month's bill unless you will be using equipment that has previously been paid for and is compatible with the Verizon Wireless network.
- International Long Distance is not a part of the Lifeline plans. Your Lifeline device may not be used to make International Long Distance calls. Access to "900" numbers is prohibited. Use of the service to make prohibited calls can result in the curtailment or termination of service.
- Your first bill will include one full month's access charge in advance and a portion of the current month's access charge which is calculated based on the activation date. Your Lifeline discount will also be applied accordingly.
- **The Lifeline discount is limited to a single line of service. You may not apply for multiple Lifeline discounts and must choose to apply your Lifeline discount to either a landline or wireless number, but not both. Please note that other service providers may use terms other than "Lifeline" to describe the Lifeline program. By signing this application, you are certifying, under penalty of perjury, that you will comply with this requirement.** Lifeline is only available to a subscriber whose residential address is located within Verizon Wireless' Lifeline service area. Lifeline may **not** be applied retroactively.
- You must pay all sales, excise and other taxes and governmental surcharges and fees that we are required by law to bill customers. These taxes, surcharges and fees may change from time to time without notice. However, Lifeline subscribers will not be assessed a Federal Universal Service Fund or Regulatory charge.
- Other restrictions may apply.

IF YOU CHOOSE THE \$33⁹⁹ LIFELINE PLAN, IT INCLUDES:

- Basic Voice Mail with Message Waiting Indicator, Caller ID, Call Waiting, 3-Way Calling, Call Forwarding and No Answer/Busy Transfer at no additional charge. Other services such as data service, text messaging, handset insurance, and roadside assistance are not available as part of Lifeline. All charges, either recurring or nonrecurring, for any service or feature other than those included in the Lifeline plan shall be billed at applicable rates and charges.
- 400 Anytime Minutes and 1000 Mobile to Mobile Calling minutes within the Local Coverage Area. A charge of 45¢ per minute applies to incoming and outgoing calls made after the allowance is exhausted. Roaming outside the Local Coverage Area is prohibited. The plan does **not** include Nights & Weekends.
- Domestic Long Distance calls made from your wireless phone while you are within your Local Coverage Area. Airtime charges apply. Domestic Long Distance includes calls made from within your Local Coverage Area to anywhere within the United States or Puerto Rico.



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IF YOU CHOOSE THE \$19⁹⁹ HOME PHONE CONNECT PLAN, IT INCLUDES:

- Basic Voice Mail, Caller ID (number only), Call Waiting, 3-Way Calling, Call Forwarding and Last Number Callback at no additional charge. Other Services such as data service, text messaging, handset insurance, and roadside assistance are not available as part of Lifeline. All charges, either recurring or nonrecurring, for any service feature other than those included in the Lifeline plan shall be billed at applicable rates and charges.
- Unlimited Single-Line Calling using the Home Phone Connect Device. Please note - the Home Phone Connect Device requires a connection to an existing cordless or corded handset. The device does not allow for: DSL or dial-up Internet service, DVR, Dish Network, and DirecTV, credit card machines, PBX or Centrex Systems, medical alert dependencies, fax machines and some home security systems. For more information please call 1.800.924.0585.
- Domestic Long Distance calls made while you are within your Local Coverage Area to anywhere within the United States or Puerto Rico.
- The Home Phone Connect Family SharePlan® is not available as part of Lifeline.

150% OF THE FEDERAL POVERTY GUIDELINES - 2012	
Persons in Family or Household	48 Contiguous States and D.C.
1	\$16,755
2	\$22,695
3	\$28,635
4	\$34,575
5	\$40,515
6	\$46,455
7	\$52,395
8	\$58,335
For Each Additional Person Add	\$5,940

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND CAN BE FAXED TO:

1.877.561.7829

OR CAN BE MAILED TO:

Verizon Wireless/COOS Department
2nd Floor
3601 Converse Drive
Wilmington, NC 28403

IF YOU HAVE QUESTIONS PLEASE CALL 1.800.924.0585 FOR ASSISTANCE.

Verizon Wireless Use Only

Name: _____

Email for Confirmation: _____

CBR: _____

Rate Plan: _____

Tribal Plan: _____

Equipment Type: _____

ESN: _____

Phone User (Authorized on Account for Equipment Issues Only): _____

Office Use Only

Application Number: _____

Account Number: _____

Representative Name: _____

MTN: _____

Date Completed: _____

Eligibility documents received: _____