**STEP 4 - ELIGIBILITY REQUIREMENTS**

You may qualify for Lifeline either because (A) you participate in a qualifying government **PROGRAM** -OR- (B) your total annual household income is within **INCOME** guidelines (next page). Please complete at least one eligibility method: Section (A) or (B).

(A) PROGRAM BASED ELIGIBILITY

I certify that I, or a member of my household, participate in at least one of the following programs (please check at least one):

- Medicaid (note: this is not the same as Medicare)
- Low Income Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)
- National School Lunch - Free Lunch Program (NSLP)
- Federal Public Housing or Section 8
(B) INCOME BASED ELIGIBILITY

Total number of persons in my household is ___.

Total annual household income is $___, ___.

By my initials and by signing this application, I certify that my total household income is at or below 135% of the Federal Poverty Guidelines (Please refer to the chart on the right).

New guidelines are published annually by the U.S. Department of Health and Human Services (DHHS)

2016 FEDERAL POVERTY GUIDELINES*

This chart reflects the eligibility guidelines for customers in South Carolina at 135% of the federal guidelines.

<table>
<thead>
<tr>
<th>Persons in Household</th>
<th>Annual Income Limits*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$10,038</td>
</tr>
<tr>
<td>2</td>
<td>21,627</td>
</tr>
<tr>
<td>3</td>
<td>27,216</td>
</tr>
<tr>
<td>4</td>
<td>32,805</td>
</tr>
<tr>
<td>5</td>
<td>38,394</td>
</tr>
<tr>
<td>6</td>
<td>43,983</td>
</tr>
<tr>
<td>7</td>
<td>49,586</td>
</tr>
<tr>
<td>8</td>
<td>55,202</td>
</tr>
<tr>
<td>Over 8: Per each additional person</td>
<td>$5,616</td>
</tr>
</tbody>
</table>

Persons in Household Annual Income Limits*

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STEP 5 - PROOF OF ELIGIBILITY

PHOTOCOPY (original documentation will not be returned) one or more of the following acceptable proofs of your eligibility from Step 4 and submit with this application.

(A) PROGRAM BASED ELIGIBILITY

- The current or prior year’s statement of benefits from the program(s) marked in Step 4
- A notice letter of participation in the program(s) marked in Step 4
- A program participation document from the program(s) marked in Step 4, for example, a SNAP electronic benefit transfer card including participant’s name or a Medicaid participation card
- Other official document proving your participation in the program(s) marked in Step 4.

Benefit Qualifying Person (Provide information below only if name is different from Applicant):

First Name: ____________________________ Middle Initial: __________ Last Name: ____________________________

Household member receiving benefits Date of Birth: ___ / ___ / ___ Last 4 digits of Social Security Number: __________

(B) INCOME BASED ELIGIBILITY

I have attached copies of one or more of the documents listed below:

- Prior year’s federal or state Tax return
- Veteran’s Administration benefits statement
- Divorce Decree/Child Support document
- Federal General Assistance Notice Letter
- Unemployment/Workmen’s Compensation statement of benefits
- Social Security statement of benefits
- Retirement/Pension statement of benefits
- Current income statement from employer
- Paycheck stubs for most recent three (3) months
- Other official document containing income information
- Federal General Assistance Notice Letter

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STEP 6 - SIGN & DATE. BY MY INITIALS AND BY SIGNING BELOW, I CERTIFY, UNDER PENALTY OF PERJURY, THAT:

Under penalty of perjury the information contained in this application is true and correct to the best of my knowledge.

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

The telephone service for which I am requesting Lifeline is in my name and, to the best of my knowledge, this Lifeline telephone account will represent the only Lifeline telephone service provided to my household, and I am aware that I can only receive the Lifeline telephone discount on one phone line (wireline or wireless).

(Only if applicable) If the address above is a temporary address, I may be required to verify my temporary address every 90 days.

If I move to another address, I will provide notice of that address to my carrier within 30 days.

I acknowledge that providing false or fraudulent documentation in order to receive Lifeline benefits is punishable by law.

I acknowledge that I may be required to re-certify my continued eligibility for Lifeline assistance at any time and that failure to do so will result in de-enrollment and termination of Lifeline benefit.

I understand that if I fail to re-certify my eligibility and I am de-enrolled, I will be required to pay the full published monthly recurring charges for my telephone service going forward.

If in the future I, or the qualifying member of my household, no longer participate in at least one of the federally qualifying programs or my total household income exceeds 135% of the Federal Poverty Guidelines listed in step 4, I begin receiving benefits from another carrier, or if conditions above change, I will promptly notify my carrier within thirty (30) days that I am no longer eligible for Lifeline assistance. Annually, I will need to re-certify my participation in the Lifeline program.

I affirm under penalty of perjury, that the foregoing representations are true. This application will not be processed without a signature, date of birth and last 4 digits of Social Security Number.

Applicant’s Signature: ____________________________ Date: ____________________________

Applicant’s Date of Birth: ___ / ___ / ___ Last 4 digits of Social Security Number: __________

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02/08/2016
**AT&T LIFELINE HOUSEHOLD WORKSHEET**

**APPLICANT INFORMATION**

| Name: | Service Address: | Lifeline Telephone Number: |

Lifeline is a government program that provides a monthly discount on home (landline) or mobile telephone services. Only **ONE** Lifeline Program-supported service per household is allowed under federal law. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The **adults** you live with are part of your economic unit if they contribute to and share in the income and expenses of the household. An adult is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household expenses include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran’s benefits, inheritances, alimony, child support payments, worker’s compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

**You have been asked to complete this Worksheet to confirm that no one else in your household currently receives a Lifeline-supported service at your address. Answer the questions below to determine whether there is more than one household residing at your address.**

1. **Does your husband, wife, or domestic partner living at your address have a Lifeline Program-discounted phone service?** (Check NO, if you do not have a husband, wife, or domestic partner)
   - **NO** > If you checked NO, please answer question #2.
   - **YES** > If you checked YES, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.

2. **Does another adult (age 18 or older, or emancipated minor) live with you AND have a Lifeline Program-discounted phone service?** For example, parent, son, daughter, another relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.), a roommate, or another person.
   - **NO** > If you checked NO, you are ELIGIBLE for the Lifeline Program because no one in your household has a Lifeline Program benefit. You do not need to answer the remaining question. Please check OPTION A below and SIGN AND DATE THIS FORM.
   - **YES** > If you checked YES, please answer question #3.

3. **Do you share expenses for bills, food, or other living expenses AND share income (salary, public assistance benefits, social security payments or other income) with the person(s) in question #2 that has a Lifeline Program-discounted phone service?**
   - **NO** > If you checked NO, then your address includes more than one household. Please check OPTION B below and SIGN AND DATE THIS FORM.
   - **YES** > If you checked YES, then your address includes only one household. You may not sign up for Lifeline because someone in your household already receives Lifeline. DO NOT sign this form.

Please check the box below for the one that applies to you:

- **OPTION A.** No one in my household currently receives a Lifeline Program benefit.
- **OPTION B.** There are other adults who reside at the above listed address who receive a Lifeline Program benefit but do not share income and expenses with me.

I certify that the information provided above is true. I understand that violating the one-per-household requirement is against the Federal Communications Commission’s rules and I may lose my Lifeline Program benefits, and may be prosecuted by the United States government for violating the rules.

**Applicant’s Signature:** ___________________________  **Date:** ___________________________

Please return the signed form to: AT&T South Carolina PO Box 5020, Charleston, IL 61920-5020 -OR- you may fax completed form to: 1-800-295-7495.

02/08/2016