

AT&T Lifeline Ohio Application

PLEASE READ CAREFULLY AND FILL OUT COMPLETELY

Name of Applicant _____
(Last) (First) (Middle Initial)

Home Telephone Number (____) _____ - _____ Can Be Reached at Number (____) _____ - _____
(Your home telephone number is required. If you do not provide your home telephone number, there will be a delay processing your application. If you do not have a home telephone number, please call AT&T at 1-800-335-8721 to establish service first.)

Applicant Address _____
(Number) (Street) (Apartment, Floor)

City/Town _____ State _____ Zip Code _____

Please provide your Social Security Number - -

- 1) PROGRAM ELIGIBILITY: PROOF OF INCOME IS NOT REQUIRED.** I receive assistance from one of the following programs (check all that apply) (NOTE: Social Security and Medicare alone do NOT qualify for Lifeline)
- | | |
|--|---|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Federal Public Housing and/or Section 8 |
| <input type="checkbox"/> Medicaid or State-provided Medical Assistance | <input type="checkbox"/> National Free School Lunch Program |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Ohio Works First / TANF |
| <input type="checkbox"/> Disability Assistance | <input type="checkbox"/> Supplemental Security Income-Blind & Disabled (SSDI) |
| <input type="checkbox"/> Home Energy Assistance (HEAP) | |

If you completed Box 1, SKIP Box 2

2) INCOME ELIGIBILITY: If you do not participate in one of the above programs, you may still be eligible for Lifeline under Income Eligibility if your gross income falls within the qualifying range below. (NOTE: Do not complete the Income Eligibility section, if you have completed the Program Eligibility section.)

<u>Household Size</u>	<u>Annual Gross Income</u>	<u>Monthly Gross Income</u>
1	\$16,245	\$1,354
2	\$21,855	\$1,822
3	\$27,465	\$2,289
Each Add'l person add	\$ 5,610	\$ 468

A PHOTOCOPY OF ONE OF THE REQUIRED INCOME ELIGIBLE DOCUMENTS IS REQUIRED TO BE APPROVED FOR LIFELINE OHIO. (If not provided, you will not be approved for Lifeline Ohio.)

- | | |
|---|---|
| <input type="checkbox"/> Prior year's state or federal tax return | <input type="checkbox"/> Veterans Administration Statement of Benefits |
| <input type="checkbox"/> Paycheck stubs for most recent 3 months | <input type="checkbox"/> Federal notice letter of participation in General Assistance |
| <input type="checkbox"/> Social Security statement of benefits | <input type="checkbox"/> Unemployment/Workmen's Compensation statement of benefits |
| <input type="checkbox"/> Divorce decree | <input type="checkbox"/> Retirement / pension statement of benefits |
| <input type="checkbox"/> Child Support document | <input type="checkbox"/> Current income statement from an employer |
- Number of people living in household (required): Adults _____ Children _____

PLEASE READ AND SIGN THE FOLLOWING STATEMENT

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I certify that

- My telephone service is listed in my name;
- The above address is my primary residence, not a second home or business;
- If, in the future, I no longer participate in at least one of the above programs, or if any of the information in this application changes or no longer applies, I will notify AT&T Ohio at 1-800-335-8721;
- I understand Lifeline/Link-Up assistance is only available for one wireline or wireless line per household and that I may not receive Link-Up assistance more than once at the same residence.
- I authorize AT&T Ohio or its duly appointed representative to access any records required to verify these statements in order to confirm my continued participation in the above plan.
- If I establish new telephone service with AT&T at the same time I apply for Lifeline Ohio, I understand that the line connection charge of \$36.50 will be waived if I return this form within 60 days from date I established service. If this form is not return within 60 days, I will be billed the line connection charge of \$36.50 over a 3-month period.

Signature _____ Date _____

MAIL OR FAX SIGNED APPLICATION TO:

Call today for more information: 1-800-335-8721
Or fill out and mail the application to the address below:
AT&T Lifeline Ohio, PO Box 4600 Waterloo, IA 50704-9720
Fax 1-800-295-7495 TTY 1-800-980-4889 Spanish 1-800-910-1030