

**Company Name:** \_\_\_\_\_

**Iowa Lifeline Assistance Certification Form**

The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance. Any documentation received will not be kept, shared or stored.  
(Please print)

**Name:**

\_\_\_\_\_  
(Last) (First) (Middle)

**Residential Address:** (may not be a P.O. Box)

\_\_\_\_\_  
(Street) (City) (State) (Zip)

Check one below:

- Permanent Address                       Temporary Address (must verify address every 90 days)

Billing Address (if different than Residential Address):

\_\_\_\_\_  
(Street) (City) (State) (Zip)

**Telephone number or existing account number:** \_\_\_\_\_

**Date of Birth:**(mm/dd/yyyy) \_\_\_\_\_ **Last 4 digits of Social Security #:** \_ \_ \_ \_

*Please answer the following questions:*

1. Are you currently participating in any of the following programs? *(Check & attach documentation for all that apply)*

- Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance)
- Supplemental Nutrition Assistance
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance Section 8
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families Program (TANF)
- National School Lunch Program (NSL) Free Lunch Program; **OR**

2. Is your income at or below 135 percent of the Federal Poverty Guidelines?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    *(\*Proof of income is required)*

If yes, how many persons are in your household? \_\_\_\_\_

3. Are you or anyone else in your household currently receiving any low-income assistance from any other wireline or wireless telephone provider?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

**\*NOTE: Any documentation received with the certification form will not be kept or stored by the local telecommunications provider.**

By signing below, I certify under penalty of perjury the information contained within this certification form is true and correct to the best of my knowledge:

- I have read the information on this certification form and understand that I must meet the qualifications listed on this form to receive assistance from this program.
- I understand that I must be a part of the household in which Lifeline-supported service is provided.
- I understand that willfully providing false or fraudulent information to receive a Lifeline benefit is punishable by law.
- I understand that Lifeline is a government benefit program and willfully making false statements in order to obtain that benefit can be punished by fine or imprisonment, or that I can be barred from the program.
- I agree to provide documentation of my eligibility, when required to do so.
- By participating in this government program, I agree to provide my personal information to the national database. I understand that failure to comply will deny me the Lifeline benefit.
- I certify that my household is receiving no more than one Lifeline-supported service and understand that violation of this requirement will result in de-enrollment from the program and could result in criminal prosecution.
- I understand that I may not transfer my service to any other individual.
- I acknowledge that I may be required to re-certify my eligibility for Lifeline at any time and failure to re-certify my continued eligibility will result in de-enrollment and termination of Lifeline benefits.
- I understand that I must notify my telecommunications provider within 30 days if I no longer qualify for Lifeline service and may be subject to penalties if I fail to do so.
- If I move to a new address, I agree to provide my new address to my telephone provider within 30 days.
- I understand completion of this certification form does not constitute immediate acceptance into this program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Prompt return of this certification form to your local telephone provider is necessary to ensure proper credits to your account. Certified low-income telephone assistance subscribers will receive a re-certification form annually from their local telecommunications provider and must return that form to their telecommunications provider within 30 days to ensure the continuation of assistance benefits.**

***SERVICE PROVIDER USE ONLY***

Telephone # Associated with Lifeline service: \_\_\_\_\_

Initiation Date: \_\_\_\_\_ De-enrollment Date: \_\_\_\_\_

Type of documentation Reviewed: Award Letter Voucher Benefits card Income Statement Other \_\_\_\_\_

Identifying Information of Document Submitted: \_\_\_\_\_

Documentation Expiration date (if applicable): \_\_\_\_\_

Name on Documentation (if different from name of applicant): \_\_\_\_\_

Method documentation was provided: In Person Fax Mail Electronically

Reviewed by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Eligibility documentation destroyed by: \_\_\_\_\_ Date destroyed: \_\_\_\_\_