

**C Spire Wireless Lifeline Assistance Program Enrollment Form - ALABAMA**

**SECTION I**

I am requesting enrollment in the Lifeline Program offered through C Spire Wireless. The Federal Lifeline Assistance Program subsidizes the rates charged under the Lifeline Program. I am entitled to participate in the Lifeline Program because I receive benefits from one or more of the programs listed in SECTION II below:

**NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**RESIDENTIAL ADDRESS:** \_\_\_\_\_  
(Physical location for  
qualifying person in program  
NO P.O. BOXES)

**HOME PHONE:** \_\_\_\_\_

**ALTERNATE PHONE:** \_\_\_\_\_  
(Telephone number of employer,  
friend or relative)

**Existing Account #** (if applicable) \_\_\_\_\_

**Existing Mobile #** (if applicable) \_\_\_\_\_

**Are you currently receiving discounted or subsidized telephone services from your local telephone company? If so, only one subsidized telephone service is allowed per household.**

- No**
- Yes** (If you wish to receive the subsidy for Lifeline Program's wireless service, you must sign and complete the form to cancel your other subsidized telephone service entitled "Subsidy Cancellation and Reassignment".)

**Are you or someone in your household receiving Lifeline assistance on another wireless phone? If so, only one subsidized telephone service is allowed per household.**

- No**
- Yes** (If you wish to receive the subsidy for Lifeline Program's wireless service, you must sign and complete the form to cancel your other subsidized wireless phone service entitled "Subsidy Cancellation and Reassignment".)

**Are you listed as a dependent on someone else's tax return?**

- No**
- Yes** (You are not eligible to participate in the Lifeline Program)

**SECTION II:**

I certify under penalty of perjury that I (or a member of my household) currently receive benefits from one of the following programs:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Section 8 Federal Public Housing Assistance (FPHA)
- Supplemental Security Income (SSI)
- Low Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance for Needy Families (TANF)

I understand that I must demonstrate that the household member relied upon for eligibility is eligible and participating in one of the above programs and that I am the financially responsible party or that the household member is my dependent pursuant to the rules and regulations of the Internal Revenue Service. I understand that I may be required to provide documentation that I am the custodial guardian or the parental guardian of the household member (birth certificate or other legal document).

**THE SECTION IN THE BOX BELOW IS ONLY TO BE COMPLETED BY INDIVIDUALS LIVING ON TRIBAL LANDS.**

**For Individuals living on tribal lands,**

I certify under penalty of perjury that I am a resident of a federally recognized reservation and I currently receive benefits from one or more of the following programs:

- Bureau of Indian Affairs General Assistance
- Tribally Administered Temporary Assistance for Needy Families (TANF)
- Head Start Programs (under income qualifying eligibility provision only)
- National School Lunch Program
- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income
- Federal public housing assistance
- Low-Income Home Energy Assistance Program
- Income at or below 135% of the Federally Recognized Poverty Guidelines

**SECTION III**

I certify under penalty of perjury that all of the information above is true and correct and that the Lifeline Program provided by C Spire Wireless will be the only phone (wireless or landline) at my residence that is subsidized by the Federal Lifeline Program. By enrolling in the Lifeline Program, I understand that no other qualified occupant at my residence may participate in the Federal Lifeline Program unless I terminate my Lifeline Program service or change residency. I agree to notify C Spire Wireless of a change affecting my residency status. I further agree to notify C Spire Wireless if I no longer receive benefits from any of the programs I have selected in SECTION II above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
C Spire Wireless Representative (Please print)

