



C Spire Lifeline Assistance Certification Form - MISSISSIPPI

Lifeline is a federal government benefit program and only qualified persons may participate in the Lifeline program. Lifeline service may not be transferred to any other individual, including another eligible low-income consumer. **By law, the Lifeline program is only available for one phone line per household, whether landline or wireless.** A household is defined, for purpose of the Lifeline program, as any individuals who live together at the same address and share income and expenses. Any violation of the one phone line per household limitation will result in de-enrollment from the Lifeline program and may be punished by fine or imprisonment.

Initial Lifeline Enrollment

Re-certification of Lifeline Enrollment

Personal Information

First Name: _____ MI: _____ Last Name: _____

Last 4 digits of Social Security Number: _____ Tribal ID #: _____

Date of Birth: _____

Residential Physical (No P O Box) Address: _____

City: _____ State: _____ Zip Code: _____

This address is: Permanent Temporary Multi-Household

Billing Address (May be P O Box): _____

City: _____ State: _____ Zip Code: _____

C Spire Telephone Number: _____ Alt. Contact Number: _____

C Spire Account Number: _____

Are you or any member of your household currently receiving Lifeline discounted telephone services from any service provider?
 No Yes If yes, only one Lifeline discount is allowed per household.

Program-Based Eligibility

_____ (Please initial) I certify that I, or one of my dependents, participate in the following program(s). I will provide documentation of my participation in programs selected to the service provider. (Check all that apply)

- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Medicaid
- Federal Public Housing Assistance (Section 8)
- Low Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance for Needy Families (TANF)
- National School Lunch Program's Free Lunch Initiative

Income-Based Eligibility

TO QUALIFY FOR INCOME ELIGIBILITY, YOU MUST PROVIDE COPIES OF ONE OR MORE OF THE DOCUMENTS LISTED BELOW:

Prior year's state, federal or Tribal tax return, Social Security benefits statement; Veterans Administration benefits statement; federal or Tribal notice letter of participation in Bureau of Indian Affairs General Assistance; Retirement/Pension benefit statement; divorce decree or child support document; Unemployment/Workers Compensation benefits statement; or current income statement from employer or paycheck stub. If you provide documentation that does not cover a full year (such as current pay stub), you must submit three (3) consecutive months of the same type of document within the current calendar year.

People in household	Total Annual Income Max:	People in Household	Total Annual Income Max:	People in Household	Total Annual Income Max:
1 person	\$15,080	3 people	\$25,772	5 people	\$36,464
2 people	\$20,426	4 people	\$31,118	each additional person after 5 add:	\$5,346

How many people are in your household? _____

What is the monthly/yearly total household income? _____ per Month Year

My total household income is at or below 135% of the Federal Poverty Guidelines.

I certify under penalty of perjury the following (initial by each certification)

- _____ I meet the program-based eligibility criteria for receiving Lifeline.
- _____ I will notify the service provider within 30 days if I (1) cease to participate in a federal qualifying program or programs or if my annual household income exceeds 135% of the Federal Poverty Guidelines; receive more than one Lifeline-supported service; or (3) for any other reason, no longer satisfy the criteria for receiving Lifeline support. I certify attest under penalty of perjury that I understand this notification requirement and I may be subject to penalties if I fail to follow this requirement;
- _____ If I move to a new address, I will provide that new address to the service provider within 30 days of moving.
- _____ If my address is temporary, I will verify my address with the service provider every 90 days.
- _____ My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline benefit from any other service provider such as Safelink, Assurance, Reachout Wireless, or wireline provider.
- _____ The information I provided in this certification form is true and correct to the best of my knowledge.
- _____ I understand that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- _____ I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
- _____ I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify my continued eligibility will result in de-enrollment and termination of my Lifeline benefit.

Signature of Applicant

Date

For Company Use Only:

I certify that I have reviewed documentation (identified below) from the customer, and to the best of my knowledge, this documentation accurately represents the customer's participation in the program above, or that the customer's household income is at or below 135% of the Federal Poverty Guidelines.

Document reviewed: _____

Method provided: In person ___ U.S. Mail ___ Fax ___ E-mail___

Expiration date: _____

Printed Name of C Spire employee

Signature of C Spire employee