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)*

☐ Medicaid
☐ Supplemental Nutrition Assistance Program (SNAP/EBT/Food Stamps)
☐ Supplemental Security Income (SSI)
☐ 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 Program
☐ Food Distribution Program on Indian Reservation (FDPIR)
☐ Head Start

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	$15,890	3 people	$27,122	5 people	$38,354
2 people	$21,506	4 people	$32,738	each additional person after 5 add:	$5,616

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

Lifeline Benefit Transfer Form

I wish to enroll in Lifeline with C Spire. C Spire has explained that I may not have multiple Lifeline discounts with the same or multiple providers. I understand that if I wish to enroll in Lifeline with C Spire, I must lose any Lifeline benefits I currently receive from another company. I hereby consent to the transfer of my Lifeline discount from my existing provider to C Spire.

_____ _____

Signature of Customer Date

_____

Printed Name of Customer

Disclaimer: This form will only be used in the event that you are found in the National Lifeline Accountability Database as receiving a Lifeline discount from another carrier.

Lifeline Household Worksheet

Name	
Address	
Telephone Number	

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. 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 because someone else may be receiving a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (*check no if you do not have a spouse or partner*) _____**YES** _____**NO**

- 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.
- If you checked **NO**, please answer question #2.

2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?

A.	A parent	_____**YES**	_____**NO**	D. An adult roommate	_____**YES** _____**NO**
B.	An adult son or daughter	_____**YES**	_____**NO**	E. Other _____	_____**YES** _____**NO**
C.	Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.)	_____**YES**	_____**NO**		

- If you checked **NO** for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
- If you checked **YES**, please answer question #3.

3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? _____**YES** _____**NO**

- If you checked **NO**, then your address includes **more than one household**. Please initial lines A and B below, and sign and date the worksheet.
- 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.

CERTIFICATION

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to _____ *C Spire along with your Lifeline application.*

A. _____*I certify that I live at an address occupied by multiple households.*
B. _____*I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.*

Signature_____ Date_____