



Lifeline Application – Iowa

Lifeline is a government program that provides a monthly discount on either home or mobile telephone or internet services. **Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive multiple Lifeline discounts. Please be sure to fill-in all necessary parts of this application.** If there is any missing item not filled-in on the form, it will result in the denial of Lifeline and require a new application.

Step 1 | Personal Information

First Name (Please print):		Middle:		Last Name:	
Service Address (No P.O. Boxes) ... Include Apt./Room/Floor/Bed, if applicable:			City:	State:	Zip:
Billing address (if diff. than above) ... Include Apt./Room/Floor/Bed, if applicable:			City:	State:	Zip:
Please check here if your Service Address is a Temporary address: <input type="checkbox"/>			Date of Birth (MM/DD/YYYY): ____/____/____		
Frontier Tel. # (incl. Area Code) or Account #: MUST be in your name.			Alternate Telephone # where you can be reached:		
Last 4 Digits of Social Security Number			(____) _____ - _____		
SSN:					

Step 2 | Eligibility—Complete 1 OR 2 below

1. I, or a member of my household, currently participate in at least one of the following programs. Check only one program. Please provide proof of participation by sending a copy of a benefit statement, notice, letter or other official participation document.

ONLY SEND PHOTOCOPIES - ORIGINALS WILL NOT BE RETURNED.

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) formerly Food Stamps
<input type="checkbox"/> Federal Public Housing Assistance (Section 8)	<input type="checkbox"/> VA Veterans Pension (Supplemental Income for Wartime Veterans)
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> VA Survivors Pension

If the program proof is not in the account holder’s name, you **MUST** complete the below certification.

I CERTIFY THAT _____ (name on proof), Date of Birth ____/____/____ and last 4 of SS# _____ IS A MEMBER OF MY HOUSEHOLD AND IS NOT ALREADY RECEIVING LIFELINE BENEFITS FROM FRONTIER OR ANOTHER COMPANY.

OR

2. I certify that my household income is at or below 135% of Federal Poverty Guidelines, based on the chart below.

Persons in Household	Annual Income Limits
1	\$16,389
2	\$22,221
3	\$28,053
4	\$33,885
5 or more	Add \$5,832 per person

Please provide proof of income by sending a copy of your most recent: federal or state tax return, income statement or W-2 from an employer, 3 consecutive months of pay stubs, Social Security Benefit statement, Veteran’s Administration benefit statement, retirement/pension benefits statement, divorce decree, unemployment/Workmen’s Compensation benefit statement, child support award, or other legal document that shows your total current household income. Bank statements are not accepted.

ONLY SEND PHOTOCOPIES - ORIGINALS WILL NOT BE RETURNED.

Number of people living in your household (enter here) →

← YOU MUST SUPPLY THE NUMBER OF PEOPLE IN YOUR HOUSEHOLD.

Step 3 | Transfer Consent



TRANSFER CONSENT: By my initials and by signing this application, I authorize Frontier to transfer any pre-existing Lifeline discount with another carrier to my Frontier account. I acknowledge that any pre-existing Lifeline discount with another carrier will cease when this transfer becomes effective. I acknowledge that a telephone discount may not be transferred if it has been transferred in the last 60 days and an internet discount may not be transferred if it _____ has been transferred in the last year.

Step 4 | Signature



ALL customers must initial each line below:

I certify under penalty of perjury:

_____ (1) All information contained in this application is true and correct to the best of my knowledge. I acknowledge that Lifeline is a federal benefit and that willfully providing false or fraudulent information to receive Lifeline benefits is punishable by law, may lead to fines, imprisonment, and/or de-enrollment and may result in me being barred from the Lifeline program.

_____ (2) I or a member of my household currently receive benefits from the program checked above or have an annual household income at or below the Federal Poverty Guidelines.

_____ (3) Frontier has explained and I understand that my household can have only one Lifeline-supported telephone or internet service. I understand that receiving more than one benefit per household violates the FCC’s rules, will result in my de-enrollment from the Lifeline program and could result in criminal prosecution by the United States government.

_____ (4) I attest to the best of my knowledge that neither I nor anyone else in my household receives a Lifeline-supported service from any other company. Household is defined as any individual or group of individuals who live together at the same address and share income and expenses.

_____ (5) I understand that I may not transfer my Lifeline service to any individual including any other eligible low-income customer.

_____ (6) I will notify Frontier within 30 days if I no longer qualify for lifeline. Specifically, I will notify Frontier if: 1) I cease to participate in the above federal program or if my annual household income exceeds the income guidelines; 2) I am receiving more than one Lifeline service; or 3) I no longer satisfy the criteria for receiving Lifeline support. I understand this requirement and that I may be subject to penalties if I fail to notify Frontier of the foregoing.

_____ (7) I will notify and provide a new address to Frontier within 30 days of moving.

_____ (8) Frontier has explained to me that I am required each year (or as requested) to recertify my continued eligibility for Lifeline. If I fail to do so within thirty (30) days, my Frontier Lifeline service will be terminated.

_____ (9) I understand Frontier will share my telephone or account number, date of birth, last four digits of my social security number, and address with the Universal Service Administrative Company (USAC) and/or its agents in order to verify that I do not receive more than one Lifeline subsidy. I understand this information may also be provided to state and federal agencies, as required by law for the purpose of complying with the Lifeline program.

_____ (10) I have provided documentation of proof of eligibility along with this application.

Applicant Signature

Date

NOTE: If this form is submitted by a legally Authorized Representative of the Applicant, please complete the following:

I am a “Legally Authorized Representative” for this customer and am submitting this form on behalf of this customer. My Power of Attorney (or other documentation of authority) is submitted with this application.

Print “Legal Authorized Representative” Name

Signature (Legal Authorized Rep.)

Daytime Phone Number

Date

Mail to: Frontier Lifeline, P.O. Box 5156, Tampa, FL 33675, or fax toll-free to 844-452-6399, or email to Lifeline@ftr.com (with application and proof documents as attachments).

Please send all forms and documentation together.

If you have any questions, please call Frontier’s Customer Service at 1-800-921-8101.

Lifeline Application Instructions

STEP 1: PERSONAL INFORMATION

First Name:

This is the first name of the applicant. It should match the first name on your phone bill and the provided proof of benefit.

Middle Name or Initial:

The applicant's middle name or initial.

Last Name:

The applicant's last name. It should match the last name on your phone bill and the provided proof of benefit.

Service Address:

Never leave the service address blank. This is your actual home address and *not a P.O. Box*. If your service address includes an apartment number, room number, floor, or even a bed number (such as if you live in a nursing facility), please be sure to include it.

Billing Address:

If the address where you receive your bills is different than your service (or home) address, then you need to complete this part of the form.

Date of Birth:

The applicant's date of birth. Use two digits for the month, two digits for the day, and four digits for the year. For example, if you were born on January 1, 1945, you would write 01/01/1945.

Frontier Telephone # or Account #:

This is telephone number or account number that matches your Frontier bill and it must be in the name of the applicant.

Alternate Telephone # where you can be reached:

Typically, this is a mobile phone or work number where you can be reached during normal business hours in case we need to reach you concerning your application.

Social Security Number:

For most states, we require only the last 4 digits of the applicant's social security number. For some states, the application will indicate that all 9 digits are required.

STEP 2: ELIGIBILITY ... COMPLETE PART 1 OR PART 2

Step 2 of the Lifeline application identifies your eligibility for the Lifeline program. You must complete either Part 1 or Part 2, but not both.

Part 1: Program-Based Eligibility

If you participate in one of the government assistance programs listed on the application, simply check the box next to the program name. If you participate in more than one of the programs, check only one of the boxes because you need only participate in one program to be eligible for the Lifeline benefit.

You must provide proof of your program participation by sending a copy of a benefit statement, notice letter of participation in a qualifying program, program participation documents, or other official participation document for the program you checked in Part 1.

Benefit cards that include name of beneficiary, name of program, and state of residence are accepted as

proof of program participation, but if the effective date on the card is more than a year from the date of your application, you will need to show another form of program participation with your Lifeline application.

Remember, you must check the box next to the program you participate in and then include the proof for that program with your application or your application will be considered incomplete.

If you send your application by mail, please send only photocopies. Originals will not be returned.

You may provide proof of program participation in the name of someone who is a member of your household (and is living with you) so long as that person is not already receiving Lifeline benefits from Frontier or another provider.

If your program proof is not in your name, you MUST complete the special certification box located directly under the list of eligible government programs. Be sure to check the box next to the words "I certify that ..." and then fill in the name, date of birth, and last 4 digits of the social security number for the person whose name is on the proof document.

Part 2: Income-based Eligibility

Even if you or any other member of your household does not participate in one of the government assistance programs listed on the application, you may still be eligible for the Lifeline program if your annual household income is below the level listed on the application for the number of members living in your

household. If your eligibility is based on income, check the box next to the number "2." You must provide proof of income by sending a copy of one of the following documents:

- Your most recent state or federal tax return
- Current income statement or W-2 from an employer
- Paycheck stub (3 consecutive months)
- Social Security statement of benefits
- Veterans Administration statement of benefits
- Unemployment or Workers' Compensation statement of benefits
- Federal notice letter of participation in General Assistance
- Divorce decree
- Child support award
- Other legal document that shows your total current household income.

If your documentation does not cover a full year of income, you must present the same type of documentation covering 3 consecutive months within the previous 12 months, such as 3 consecutive months of pay stubs. Bank statements are not accepted.

Please send only photocopies. Originals will not be returned.

Number of people living in your household:

Remember, a household is anyone who lives together at your address and shares in the income and expenses of the household (including children and people who are not related to you). For example, if you live alone, the

number of people living in your household is 1. If you live with a spouse or domestic partner and no other children or adults, the number is 2.

Please be sure to enter the number of people living in your household in the box next to the red arrows.

STEP 3: TRANSFER CONSENT

Initial this line if you authorize Frontier to transfer any pre-existing Lifeline discount with another carrier to your Frontier account.

STEP 4: SIGNATURE

Certifications

There are 10 statements that must be initialed by the applicant. It is very important to *that you initial each line in this section*. If any line is not initialed, the application will be denied and you will need to resubmit an entirely new, complete Lifeline form and proof of program participation or income.

Applicant Signature

You must also sign and date the application. If the form is not signed and dated, it will be rejected – so please complete this part of the application.

Legal Authorized Representative

If the form is submitted by a legally authorized representative of the applicant, the legally authorized representative must include his or her name, daytime phone number, signature and date of the signature on the form. In addition, the authorized representative must provide a Power of Attorney or other documentation of authority to represent the applicant with the completed application.

MAILING, FAXING, OR EMAILING YOUR APPLICATION

Whether by mail, fax, or email, please send all forms and documentation together.

Once you have completed every required part of this application and made photocopies of the required documentation (for example, of program participation or income), it's time to send everything to Frontier. Send your application and proof of program participation (or income, if you are seeking eligibility based on income level) to:

By Mail

**Frontier Lifeline
P.O. Box 5156
Tampa, FL 33675**

By Fax

You may fax your application and proof documents toll-free to 844-452-6399.

By Email

You may email your application and proof documents to Lifeline@ftr.com. Please be sure to send your application and proof documents as attachments to your email.

QUESTIONS

If you have questions, please call Frontier's Customer Service at 800-921-8101.

If you would like to learn more about the Lifeline program and eligibility requirements, go to www.lifelinesupport.org.