

# Verizon Application for Residential Lifeline Service (Maryland)

(Discounted Service)

**PLEASE READ CAREFULLY, USE PEN, PRINT AND FILL OUT COMPLETELY**

Billing Telephone Number or Broadband (internet) Account Number \_\_\_\_\_

Billing Name On Account \_\_\_\_\_  
(first) (middle initial, if applicable) (last)

Home (Physical) Address: \_\_\_\_\_  
(house number) (street name) (apartment/room/floor number, if applicable)  
\_\_\_\_\_  
(city or town) (state) (zip code)

Please indicate if the home address listed above is permanent or temporary?  Permanent  Temporary

Billing (Mailing) Address if different from Home (Physical) address  
\_\_\_\_\_  
(house number) (street name) (apartment/room/floor number, if applicable)  
\_\_\_\_\_  
(city or town) (state) (zip code)

## REQUIRED INFORMATION REGARDING PROGRAM PARTICIPATION

I or a member of my household receive benefits from the following program (check only one program):

- |                                                                                                         |                                                                         |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Medicaid                                                                       | <input type="checkbox"/> Public Assistance to Adults                    |
| <input type="checkbox"/> Supplemental Security Income (SSI)                                             | <input type="checkbox"/> Low Income Home Energy Assistance Program      |
| <input type="checkbox"/> SNAP (Supplemental Nutrition Assistance Program formerly known as Food Stamps) | <input type="checkbox"/> Maryland Energy Assistance Program             |
| <input type="checkbox"/> Medical Assistance                                                             | <input type="checkbox"/> Temporary Assistance for Needy Families        |
| <input type="checkbox"/> Electric Universal Service Program                                             | <input type="checkbox"/> Temporary Cash Assistance                      |
| <input type="checkbox"/> Temporary Disability to Adults                                                 | <input type="checkbox"/> * Federal Public Housing Assistance            |
| <input type="checkbox"/> Eligibility based on income (see page 3)                                       | <input type="checkbox"/> * National School Free Lunch Program           |
|                                                                                                         | <input type="checkbox"/> Veterans Pension or Veterans Survivors Pension |

Please INITIAL the below certification. The application will be denied if left blank.

(Initials)

I certify under penalty of perjury that I or a member of my household meets the income-based or program-based eligibility criteria for receiving the Lifeline discount.

For programs not marked with an \* your eligibility to receive the Lifeline discount will be verified through a state of Maryland database and/or the Federal Communications Commission or its designee. For the programs marked with an \*, please attach or fax a photocopy (do not send an original) of one of the following:

- Your current or prior year's statement of benefits from a qualifying federal program or
- A notice letter of participation in a qualifying federal program or
- A program participation document, for example, benefit card or
- An official document indicating your participation in a qualifying federal program or
- A veterans pension grant letter or veterans pension COLA letter or survivors pension summary letter.

**TO BE CERTIFIED ALL 7 PROGRAM RULES MUST BE INITIALED TO INDICATE YOUR ACKNOWLEDGMENT**

The Lifeline discount program is a federal benefit and willfully making false statements to obtain this benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Verizon is required by the Federal Communications Commission, or FCC, to verify your eligibility to participate in the Lifeline discount program.

**Under penalty of perjury you must certify the following statements are true to the best of your knowledge.**

**Please INITIAL in the space provided each statement indicating your acknowledgment.**

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Only one Lifeline telephone discount is allowed per household, consisting of wireline, wireless or broadband (internet) service. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household requirement constitutes a violation of Federal Communications Commission rules and will result in your de-enrollment from the program, and potentially, prosecution by the United States government. A household is defined as any individual or group of individuals who live together at the same address and share income and expenses.

**INITIAL ONLY ONE STATEMENT BELOW TO INDICATE YOUR HOUSEHOLD OCCUPANCY:**

  
*(Initials)*

I certify my household is not occupied by other adults.

OR

  
*(Initials)*

I certify my household is occupied by other adults. Please see the enclosed Household Worksheet to determine if you can proceed with applying for the Lifeline program.

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Your name, telephone number, address and information contained in this application, as well as information associated with your Lifeline service may be provided to the Universal Service Administrative Company (USAC - administrator of the Lifeline discount program) and/or its agents for the purpose of verifying your household does not receive more than one Lifeline benefit. You will be denied Lifeline benefits if you fail to provide Verizon with consent to provide the specified information to USAC.

  
*(Initials)*

I acknowledge and consent that Verizon may provide my name, telephone number, address, date of birth, last 4 digits of the social security number and the program from which I receive benefits, as well as information associated with your Lifeline service to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I or another member of my household does not receive more than one Lifeline benefit.

  
*(Initials)*

I agree to allow Verizon to exchange any necessary information with the appropriate federal or state agency, or fund administrator, to verify my eligibility to participate in the Lifeline discount program.

  
*(Initials)*

Lifeline service is a non-transferable benefit. You may not transfer your Lifeline service to any individual, including another eligible low-income consumer. I agree not to transfer my Lifeline discount benefit to another person.

  
*(Initials)*

I agree to notify Verizon within 30 calendar days if I move to another address and to provide the new address.

  
*(Initials)*

- I agree to notify Verizon within 30 calendar days if, for any reason, I or my household:
- No longer receive benefits from the federal program that qualified me for the Lifeline discount program.
  - Annual household income exceeds the Federal Poverty amount listed on page 3 that qualified me for the Lifeline discount program.
  - Receives more than one Lifeline benefit or another member of my household is receiving a Lifeline service.

  
*(Initials)*

I acknowledge that I may be required to recertify my continued eligibility for Lifeline at any time and my failure to recertify will result in de-enrollment and termination of my Lifeline benefits. I agree to participate in the certification of my continued eligibility in the Lifeline discount program.

**TO BE CERTIFIED ALL 3 PROGRAM RULES MUST BE INITIALED TO INDICATE YOUR ACKNOWLEDGMENT**

(Initials)

In the event Verizon determines that I am receiving a Lifeline benefit from another provider, I authorize the transfer of my Lifeline benefit from my current provider to Verizon. I understand that with this transfer I will lose the benefit from my current provider and receive the benefit on the Verizon account identified in this application.

(Initials)

The information contained in this application form is true and correct to the best of my knowledge.

(Initials)

I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.

**LIFELINE DISCOUNT: VOICE OR BROADBAND (INTERNET)**

Check only one: Apply the Lifeline discount to voice service  or to broadband (internet) service

**PLEASE INDICATE THE TYPE OF LIFELINE BENEFIT YOU ARE REQUESTING**

If you participate in one of the eligible programs or your Annual Household Income does not exceed 135% of the Federal Poverty Level Guidelines you are eligible for one of the two plans listed below. Please indicate which Lifeline service you want:

**Tel-Life**

Optional features, e.g. Call Waiting, are not allowed under this plan. Tel-Life provides qualified customers 30 untimed local calls a month for a small monthly rate.

**Enhanced Tel-Life**

Two Optional features are allowed with this plan, e.g. Call Waiting & Caller ID, but packages are not allowed. Enhanced Tel-Life provides qualified customers unlimited local calling for a reduced monthly rate.

**INCOME ELIGIBILITY GUIDELINES**

The following chart can be used to determine eligibility for the Lifeline discount program based solely on income level. You may qualify for the Lifeline discount program if your household gross annual income is at or below 135% of the Federal Poverty Guidelines. A household is defined as any individual or group of individuals who live together at the same address and share income and expenses.

The chart below lists the annual income amount that cannot be exceeded in order to qualify based on household size. If the annual income amount for your household size is more than the amount shown on the chart below you do not qualify for the Lifeline discount based solely on income.

Household Size	135% of Federal Poverty Levels	Household Size	135% of Federal Poverty Levels
1	\$16,281	5	\$38,853
2	\$21,924	6	\$44,496
3	\$27,567	7	\$50,139
4	\$33,210	8	\$55,782
9+ \$55,782 plus \$5,643 per each additional person			

Please indicate on the number of individuals in your household. \_\_\_\_\_

If your household qualifies based on income, please attach or fax a photocopy (do not send an original) of the following applicable documents. If you provide documentation that does not cover a full year (such as current pay stubs), you must submit three (3) consecutive months worth of the same type of document from the previous 12 months.

- your prior year’s federal tax return
- current income statement from an employer paycheck stub
- a Social Security statement of benefits
- a Veterans Administration statement of benefits
- a retirement or pension statement of benefits
- Unemployment or Workmen’s Compensation statement of benefits
- federal notice letter of participation in General Assistance
- a divorce decree
- a child support award
- other official document containing income information

**REQUIRED BILLING NAME INFORMATION**

Please provide the following information of the Billing Name on this account:

Last 4 digits of the Social Security Number\*    \_\_\_ \_\_\_ \_\_\_ \_\_\_

Date of birth            \_\_\_ \_\_\_            \_\_\_ \_\_\_            \_\_\_ \_\_\_ \_\_\_ \_\_\_  
                                        2 Digit Month            2 Digit Day            4 Digit Year

The last 4 digits of the Social Security Number and Date of Birth must be for a person 18 years or older.

**REQUIRED INFORMATION IF HOUSEHOLD MEMBER RECEIVING BENEFITS IS DIFFERENT THAN BILLING NAME**

Name of Household Member Receiving Benefits \_\_\_\_\_

Relationship of Household Member Receiving Benefits (for example: Mother, Son) \_\_\_\_\_

Last 4 digits of the Social Security Number of the person receiving benefits    \_\_\_ \_\_\_ \_\_\_ \_\_\_

Date of birth of the person receiving benefits            \_\_\_ \_\_\_            \_\_\_ \_\_\_            \_\_\_ \_\_\_ \_\_\_ \_\_\_  
                                                                2 Digit Month            2 Digit Day            4 Digit Year

<i>(Initials)</i>

 I certify the individual named above who is receiving benefits is part of my household.

<i>(Initials)</i>

 I certify the individual named above who is receiving benefits is not already receiving a Lifeline service.

**MUST BE SIGNED BY THE BILLING NAME AND DATED WITHIN THE LAST 30 DAYS TO BE CONSIDERED VALID**

Billing Name Signature \_\_\_\_\_ Date \_\_\_\_\_  
(First and Last Name)

**PLEASE FAX OR MAIL SIGNED APPLICATION AND PROOF OF ELIGIBILITY TO:**

Fax Number: 888.806.7954  
Or mail to:  
Verizon Lifeline Services  
PO Box 4848  
Trenton, NJ 08650-4848  
If you have any questions, please call 1.800.VERIZON (1.800.837.4966)