



Application for Verizon Lifeline Service (Massachusetts)

(Discounted Telephone Service)

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

Billing Telephone Number (including area code) _____

Billing Name On Home Telephone Account _____
(last) (first) (middle initial)

Home Address: _____
(number) (street) (apartment number, if applicable) (city or town) (state) (zip code)

Alternative Contact Number (other than Home Telephone Number) _____

Please indicate below if the home address listed above is your permanent or temporary address?

Permanent Temporary

Billing Address if different from Home Address

(number) (street) (apartment number, if applicable) (city or town) (state) (zip code)

PROGRAM PARTICIPATION AND CERTIFICATION

I certify under penalty of perjury that I or a member of my household meet the income-based or program-based eligibility criteria for receiving the Lifeline discount. I or a member of my household receive benefits from the following program (check only one program):

- | | |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> SNAP (Supplemental Nutrition Assistance Program, formerly known as Food Stamps) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Bureau of Indian Affairs (BIA) General Assistance |
| <input type="checkbox"/> Low Income Home Energy Assistance Program | <input type="checkbox"/> Head Start (Tribal land residents only) |
| <input type="checkbox"/> Emergency Aid to the Elderly, Disabled and Children | <input type="checkbox"/> Food Distribution Program (Tribal land residents only) |
| <input type="checkbox"/> Transitional Aid to Families & Dependent Children | <input type="checkbox"/> National School Free Lunch Program |
| <input type="checkbox"/> Section 8 Federal Public Housing Assistance | <input type="checkbox"/> Temporary Assistance for Needy Families |
| <input type="checkbox"/> Eligibility based on income (see page 3) | <input type="checkbox"/> MassHealth |

Along with this application, please attach or fax a photocopy (do not send an original) of one of the following that matches the program checked above:

- your current or prior year's statement of benefits from a qualifying state, federal or Tribal program
or
- a notice letter of participation in a qualifying state, federal or Tribal program
or
- a program participation document, for example, benefit card
or
- an official document indicating your participation in a qualifying state, federal or Tribal program.

PLEASE READ AND CERTIFY THE FOLLOWING PROGRAM RULES

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 indicate your acknowledgement of each statement by a checkmark.

Only one Lifeline discount is allowed per household, consisting of either wireline or wireless 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.

I certify my household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.

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.

I acknowledge and consent that Verizon may provide my name, telephone number, address and information contained in this application, 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.

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.

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.

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

I agree to notify Verizon within 30 calendar days if, for any reason, I or my household:

- No longer receive benefits from the federal or state 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.
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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.

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

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

PLEASE SIGN AND DATE THIS APPLICATION FORM AND PROVIDE PROGRAM BENEFICIARY NAME

Billing Name Signature _____ Date _____

Name of Household Member Receiving Benefits _____ or Self

Relationship of Household Member Receiving Benefits to the Account Billing Name _____ or Self

I certify the individual (if different from the Billing Name) named on the documentation demonstrating program participation is part of my household.

I certify the individual (if different from the Billing Name) named on the documentation demonstrating program participation is not already receiving a Lifeline service.

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

Fax Number: 877-306-6175

Or mail to:

Verizon Lifeline Services

PO Box 33075

St. Petersburg, FL 33733-8075

If you have any questions, please call 1 800 VERIZON