

A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. For example, apartments in an apartment building are usually unique households. Individuals living in a nursing home can be considered unique households. Answer the questions below to determine if there is more than one household living at your address.

1. Does another adult (age 18 or older) or emancipated minor live with you **AND** have a lifeline discounted service or a free wireless lifeline service? For example, husband, wife, domestic partner, parent, son, daughter, another relative (such as sibling, aunt, cousin, grandparent, grandchild, etc.) a roommate, or another person?

_____ No, you are eligible for lifeline because no one in your household has lifeline. Please certify and sign below.

_____ Yes, please answer question 2 below

2. Do you share expenses for bills, food, or other living expenses **AND** share income (salary, public assistance benefits, social security payments or other income) with the person in question 1 that has Lifeline discounted services?

_____ No, you are eligible for Lifeline because no one in your household has Lifeline. Please certify and sign below.

_____ Yes, **stop**. Do not sign this form. You are **not** eligible because someone in your household already has Lifeline.

Please read and *initial* the following statements before signing.

I certify that:

_____ I will notify my Lifeline provider within 30 days if I no longer participate in a qualifying DCF assistance program, if I receive more than one Lifeline benefit, if another member of my household is receiving a Lifeline benefit or if the household income exceeds the eligibility limit.

_____ If I move to a new address, I will provide that new address to my Lifeline provider within 30 days;

_____ My household will receive only **one** Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;

_____ The information contained in this application 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; and,

_____ I acknowledge that I may be required by my Lifeline provider to recertify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

_____ I understand that my name, telephone number and address may be provided to the Universal Service Administrative Company (USAC) (the administrator of the program) and/or its agents for the purpose of verifying that my household does not receive more than one Lifeline benefit.

_____ I agree to allow exchange of any necessary information between the local telephone company, the appropriate federal or state agency, or fund administrator, to verify my eligibility to participate in the Lifeline discount program. I give this permission on the condition that the information in this form and any information about my household income maintained as confidential customer account information.

Applicant Signature (must match name on phone bill)

Please return this form and proof of income to:

**Office of Public Counsel
111 W Madison St Rm 812
Tallahassee, FL 32399-1400
Fax: (850) 487-6419
Phone: 1-800-540-7039**