

Kentucky Lifeline/Link Up Assistance Application



This information will be used to activate a new or convert your existing T-Mobile wireless account and to determine your initial and ongoing eligibility to receive Lifeline and Link Up discounts.

I. APPLICANT INFORMATION (PLEASE PRINT)				
First Name:		Middle Name:		Last Name:
Address:			City:	State:
(THIS MUST BE A PHYSICAL STREET ADDRESS WHERE YOU LIVE , NOT A POST OFFICE BOX)			Home Phone:	Work Phone:
Employer:		Social Security Number:		Date of Birth:
Driver's License Information	Issuing State:	Number:		Expiration Date:
II. SERVICE ACTIVATION INFORMATION				
<input type="checkbox"/> I am a current T-Mobile customer	T-Mobile Phone Number:			
<input type="checkbox"/> I will be porting another telephone number	Number to Port:		IMEI:	
(T-MOBILE WILL USE MY EXISTING TELEPHONE NUMBER FROM ANOTHER CARRIER TO ACTIVATE MY LIFELINE SERVICE)			(THE 15 DIGIT NUMBER ON THE HANDSET LOCATED BEHIND THE BATTERY)	
<input type="checkbox"/> I am requesting a new T-Mobile line of service	Handset Information	Manufacturer:	Model:	Color:
III. ELIGIBILITY REQUIREMENTS				
ALL APPLICANTS COMPLETE THIS SECTION (CHECK ALL THAT APPLY)				
I am currently eligible to receive benefits from the following public assistance program(s):				
<input type="checkbox"/> Medicaid				
<input type="checkbox"/> Food Stamps				
<input type="checkbox"/> Low Income Home Energy Assistance (LIHEAP)				
<input type="checkbox"/> Temporary Assistance for Needy Families(TANF)				
<input type="checkbox"/> National School Lunch Program's free lunch program				
<input type="checkbox"/> Supplemental Security Income (SSI)				
<input type="checkbox"/> Federal Public Housing (SECTION 8)				

YOU MUST COMPLETE THE REVERSE SIDE FOR YOUR APPLICATION TO BE PROCESSED.

IV. APPLICANT CERTIFICATION (THE FOLLOWING CERTIFICATIONS ARE MADE UNDER PENALTY OF PERJURY)

I, or a member of my household, currently receives Lifeline assistance at the above address.
 Yes (*Lifeline assistance is only available for one wireline or wireless phone line per address.*)
 No

I have, or a member of my household has, received Link Up assistance at the above address.
 Yes (*You may not receive Link Up assistance more than once at the same address.*)
 No

- I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT. I ACKNOWLEDGE THAT PROVIDING FALSE OR FRAUDULENT INFORMATION IN ORDER TO RECEIVE LIFELINE/LINK UP ASSISTANCE IS PUNISHABLE BY LAW.
- I AUTHORIZE T-MOBILE AND ITS AGENTS TO ACCESS ANY RECORDS (INCLUDING FINANCIAL RECORDS) REQUIRED TO VERIFY MY STATEMENTS HEREIN AND TO CONFIRM MY ELIGIBILITY FOR LIFELINE/LINK UP ASSISTANCE. I AUTHORIZE SOCIAL SERVICE AGENCY REPRESENTATIVES TO DISCUSS WITH AND/OR PROVIDE INFORMATION TO T-MOBILE AND ITS AGENTS VERIFYING MY PARTICIPATION IN PUBLIC ASSISTANCE PROGRAMS THAT QUALIFY ME FOR LIFELINE/LINK UP ASSISTANCE.
- I AUTHORIZE T-MOBILE TO RELEASE ANY RECORDS (INCLUDING FINANCIAL RECORDS) REQUIRED FOR THE ADMINISTRATION OF THE LIFELINE/LINK UP PROGRAMS.
- I UNDERSTAND THAT I MAY BE REQUIRED TO VERIFY MY CONTINUED ELIGIBILITY FOR LIFELINE ASSISTANCE AT ANY TIME AND THAT FAILURE TO DO SO WILL RESULT IN TERMINATION OF LIFELINE ASSISTANCE. I AGREE TO NOTIFY T-MOBILE WITHIN FIVE (5) BUSINESS DAYS IF I BECOME INELIGIBLE TO RECEIVE LIFELINE ASSISTANCE.
- I UNDERSTAND THAT LIFELINE ASSISTANCE IS ONLY AVAILABLE FOR ONE WIRELINE OR WIRELESS PHONE LINE PER ADDRESS AND THAT I MAY NOT RECEIVE LINK UP ASSISTANCE MORE THAN ONCE AT THE SAME ADDRESS. IF I CURRENTLY RECEIVE LIFELINE ASSISTANCE, I AGREE TO NOTIFY MY CURRENT LIFELINE SERVICE PROVIDER THAT I HAVE APPLIED TO RECEIVE LIFELINE/LINK UP ASSISTANCE FROM T-MOBILE.

Applicant's Signature: _____

Date: _____, 20____

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND CAN BE SUBMITTED BY:

MAIL
T-MOBILE – LIFELINE SUPPORT
P.O. Box 37380
ALBUQUERQUE, NEW MEXICO 87176

OR BY

FAX
1-813-348-5724

IF YOU HAVE QUESTIONS, PLEASE CALL 1-800-937-8997 FOR ASSISTANCE.

For Internal T-Mobile Use Only

BAN: _____

MSISDN: _____

INCOME DOCUMENTATION VERIFIED (if applicable):

REPRESENTATIVE INITIAL _____