

This signed Lifeline application ("Application") is required to enroll you in T-Mobile's Lifeline program in Pennsylvania. This Application is only for the purpose of verifying your participation in these programs and will not be used for any other purpose. If you qualify, you may need to execute a T-Mobile service agreement to receive your Lifeline benefits. See reverse for documentation requirements and submission instructions.

Things to know about the Lifeline Program:

- (1) Lifeline is a Federal benefit that is not transferrable to any other person;
(2) Lifeline service is available for only one line per household. A household cannot receive benefits from multiple providers;
(3) A household is defined, for purposes of the Lifeline program, as any individual or group of individuals living at the same address that share income and expenses; and,
(4) Violation of the one-per household rule is not permitted under federal rules and will result in the subscriber's de-enrollment from the program and possible criminal prosecution by the U.S. Government.

First Name: MI: Last Name: Date of Birth:
Last Four Digits of Social Security Number: Contact Telephone Number:

Residential Address:

Must be a street address (not a P.O. Box) and your principal residence.

Address Line 1:
Address Line 2:
City, State and Zip:

Billing Address:

May contain a P.O. Box.

Address Line 1:
Address Line 2:
City, State and Zip:

Check here if the billing address is the residential address.

This address is: Permanent Temporary A shared, multi-household residence

If temporary, we may require your address to be certified or updated every 90 days.

To qualify to receive Lifeline benefits, you must certify that you qualify, or meet the requirements for your state, by completing at least one of the sections below. Documentation requirements are identified on the reverse side.

I hereby certify that I qualify to participate in at least one of the following programs (check all that apply):

Please see the related documentation requirements on the reverse side.

- Supplemental Nutrition Assistance Program (SNAP) formerly known as Food Stamps
Supplemental Security Income (SSI)
Federal Public Housing Assistance (FPHA) or Section 8
Low Income Home Energy Assistance Program (LIHEAP)
National School Lunch Program's free lunch program
Temporary Assistance for Needy Families (TANF)
Medicaid

I hereby certify that my household income is at or below 135% of the Federal Poverty Guidelines; there are members in my household. Please see the Federal Poverty Guidelines and the related documentation requirements on the reverse side.

I certify, under penalty of perjury: Initial by Each Certification

The information provided in this Application is true and correct to the best of my knowledge; I acknowledge that willfully providing false or fraudulent information in order to receive Lifeline service is punishable by fine or imprisonment, termination of all Lifeline benefits, and being barred from participating in the Lifeline program.

I am eligible for Lifeline service through participation in the qualifying program(s) or meeting the income requirements as identified above.

I have provided documentation of eligibility for Lifeline service, unless otherwise specifically exempted from providing such documentation.

I will inform T-Mobile within 30 days of any potential change in eligibility, including, but not limited to: (i) a move or change of address; (ii) any change in participation in the programs identified above or change in income or household members; (iii) receiving Lifeline service from another provider; or (iv) any other change that would affect my eligibility for Lifeline service from T-Mobile.

I have provided the address where I currently reside and, if a temporary address has been provided, then I acknowledge that T-Mobile may attempt to verify my address every 90 days, and, if I do not respond to verification attempts within 30 days, then my Lifeline service may be terminated.

My household will receive only one Lifeline benefit and, to the best of my knowledge, no one in my household is currently receiving Lifeline service from any other provider.

I acknowledge that I will be required to annually re-certify eligibility and may be required to re-certify continued eligibility for Lifeline at any time and failure to re-certify will result in the termination of Lifeline benefits or other penalties.

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 service. I authorize government agencies and their authorized 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 service.

APPLICANT SIGNATURE:

DATE:

Company Representative Name:

Documentation Verified:

Representative Signature:

Date:

BAN:

Subscriber No.:

FOR OFFICE USE ONLY

**DOCUMENTATION REQUIREMENTS**

You are required to provide proof of your participation in the programs you identified or proof of your qualifying income.

IF YOU ARE QUALIFYING BASED ON ELIGIBILITY TO PARTICIPATE IN A PROGRAM, YOU MUST PROVIDE COPIES OF ONE OR MORE OF THE FOLLOWING DOCUMENTS:

- (1) current or prior year’s statement of benefits from qualifying assistance program;
- (2) notice or letter of participation in a qualifying assistance program;
- (3) program participation documents; or
- (4) official document demonstrating receipt of benefits from a qualifying assistance program.

IF YOU ARE QUALIFYING BASED ON INCOME, YOU MUST PROVIDE COPIES OF ONE OR MORE OF THE FOLLOWING DOCUMENTS:

Prior year's state, federal or tribal tax return, a Social Security benefits statement, a Veterans Administration benefits statement, a Federal or tribal notice letter of participation in Bureau of Indian Affairs General Assistance, a Retirement/Pension benefit statement, a divorce decree or child support document, an Unemployment/Workers Compensation benefits statement, a current income statement from your employer or paycheck stub. If you provide documentation other than your prior year’s state, federal, or tribal tax return, you must submit three consecutive months worth of the same type of document within the current calendar year.

135% FEDERAL POVERTY GUIDELINES - 2012	
Members of Household	Household Income must be at or below
1	\$ 15,080
2	\$ 20,426
3	\$ 25,772
4	\$ 31,118
5	\$ 36,464
6	\$ 41,810
7	\$ 47,156
8	\$ 52,502
For every additional member of your household, add \$5,346	

Submitted documents will not be returned.

**SUBMISSION INSTRUCTIONS**

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

FAX

813-348-5724

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

**NOTICES**

T-Mobile offers Lifeline services only in areas where it has been designated as an Eligible Telecommunications Carrier.