



LIFELINE ASSISTANCE SELF-CERTIFICATION FORM

Applicant Name: _____ **Phone Number:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

I hereby certify that I participate in the following public assistance program(s) for state indicated above:

- Food Stamps/ Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance to Needy Families (TANF)
- Medicaid
- Supplemental Security Income (SSI) (Does not qualify as Lifeline verification in SC)
- Low Income Home Energy Assistance Program (LIHEAP) (Does not qualify as Lifeline verification in SC)
- Federal Public Housing Assistance (FPHA) / Section 8 (Does not qualify as Lifeline verification in SC, TN, WI)
- National School Lunch Program Free Lunch Initiative (NSLP) (Does not qualify as Lifeline verification in AL, GA, NC, OK, SC, & WI)
- National School Lunch Free Program - residents of Tribal Lands only in Oklahoma
- State Means Test (Only in FL, LA, MS, & SC)
- Badger Care – Wisconsin only
- Wisconsin Homestead Property Tax Credit
- Any State medical Assistance Program That Supplants Medicaid – Ohio only
- Social Security Disability Income (SSDI) – Oklahoma Only
- Disability – Ohio Only
- United Tribes Food Distribution Program – Kansas Only
- General Assistance – Kansas & Ohio Only
- Oklahoma Sales Tax Relief
- Vocational Rehabilitation (including hearing impaired) – Oklahoma Only
- Bureau of Indian Affairs General Assistance – Oklahoma Only
- Tribally Administered TANF – Oklahoma Only
- Head Start (income qualifying/residents of Tribal Lands Only) – Oklahoma Only

I further certify under penalty of perjury that:

- I am eligible to receive benefits from the program(s) identified herein
- The information contained on this form is true and correct to the best of my information and belief
- I have or will receive telecommunications service at my principal place of residence as listed above
- I have or will receive telecommunications service on my primary residential line
- I will notify you when I no longer participate in any of the qualifying public assistance programs identified herein or when I no longer satisfy the income requirements
- I am the head of the household and understand that only one Lifeline service offering is available per household

I have read the information on this application and understand that I must meet the above qualifications in order to receive NOW Communications Lifeline assistance.

Applicant Signature: _____ **Date:** _____

Please fax this form to: 877-465-0545