DWS-HCD UTAP
Rev. 07/2012

State of Utah
Department of Workforce Services

LIFELINE ASSISTANCE PROGRAM APPLICATION

Select your carrier from the following lists.

Wire Line (Land Line Providers:

- ☐ All West Communications
- ☐ Bear Lake Communications
- ☐ Beehive Telephone
- ☐ Carbon Emery Telecom
- ☐ Central Utah Telephone
- ☐ Citizens (Frontier) Telecom Co.
- ☐ CenturyLink Qwest Corp
- ☐ Direct Communications
- ☐ Emery Telephone
- ☐ Gunnison Telephone
- ☐ Hanksville Telcom Inc.
- ☐ Manti Telephone Company
- ☐ Navajo Comm Co
- ☐ Skyline Telecom
- ☐ South-Central UT Telephone
- ☐ UBTA-UBET (Strata) Comm
- ☐ Union Telephone

Wireless Carriers:
☐ I-Wireless LLC ☐ Smith Bagley ☐ Sprint Spectrum ☐ Virgin Mobile USA ☐ Tracfone Wireless

Phone Number (including area code): _____
Please Check One: ..... ☐ Wire Line (Land Line) ☐ Cell Phone ☐ Business

Please respond completely. Inaccurate or incomplete responses may cause your application to be rejected. The information on this application will only be used to assess your eligibility for Lifeline Assistance. Instruction can be found on the reverse side of this application.

Last Name: _____ First Name: _____ Middle Name: _____ ☐ Jr. ☐ Sr.

Social Security Number or Tribal Identification Number: _____ Date of Birth: _____

Residential street address where service is located, County, City, State, & ZIP: _____

(No PO Boxes)_____
Please check one box: ☐ Permanent address ☐ Temporary address

Billing Address (If different from service address): _____

County, City, State, & ZIP (PO Boxes allowed): _____
Please check one box: ☐ Permanent address ☐ Temporary address

PROGRAM ELIGIBILITY: PLEASE CHECK programs in which you or someone in your household currently participate and attach a copy of eligibility documentation: (If qualifying under Income, see Income Guidelines section below)

- ☐ Home Energy Assistance (HEAT/HELP)
- ☐ Supplemental Security Income (SSI)
- ☐ TANF (Temporary Assistance to Needy Families
- ☐ Federal Public Housing Assistance including Section 8
- ☐ Refugee Assistance
- ☐ Medicaid
- ☐ National Free School Lunch Program (not reduced)
- ☐ General Assistance
- ☐ SNAP (Food Stamps)
- ☐ Head Start (income qualification standard only)

If the person participating in one of the programs above is someone in your household other than you, provider his/her name and certify that he/she is a member of your household:

_____ _____ _____
Full legal name of Program Participant (please print) Date of Birth Social Security Number

_____ (Please Initial) I certify that this program participant is a member of my household.

INCOME GUIDELINES: If you or a household member does not participate in any of the programs above, you may still be eligible for Lifeline Assistance based on your household size and income. See income chart, and complete the section below. Income is defined as all income actually received by all members of the household.

Mandatory: How many persons live in your household? _____ (see checklist on page 3 for appropriate documentation). Check box for the sources of income for each household member and enter the monthly or yearly income.

Name of person receiving income	Wages (before taxes)	Social Security benefits	Self-Employment (net)	Unemployment / Worker's Comp.	Veteran's Benefits/ Pension	Child Support/ Alimony	Other (please explain)	Monthly or Yearly Income
								$
							TOTAL INCOME	$

INCOME CHART:

*Add $446 a month for each additional member.	Household Size	Monthly Income	Household Size	Monthly Income
	1	$1,257	3	$2,148
	2	$1,702	4	$2,593

After completing this form, please mail this completed application and any supporting documents (original documents are not returned) to:
Department of Workforce Services
Utah Telephone Assistance Program (UTAP) • 140 East 300 South, 5th Floor • Salt Lake City, UT 84111
801-526-9272, Toll Free, 1-800-948-7540, Fax: 801-526-9292

LIFELINE CERTIFICATION FORM

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION ABOUT THE LIFELINE PROGRAM BEFORE YOU SIGN BELOW:

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline benefit is available per household. A household is defined for the purposes of the Lifeline program as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline assistance from multiple telephone service providers. This includes both wireless and wireline (landline) providers.
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in the subscriber's de-enrollment from the program and potential prosecution by the US government or state government.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

I certify, under penalty of perjury that: (please read and initial the following):

_____ My household meets the income-based or program-based eligibility criteria for receiving Lifeline assistance according to the Public Service Commission of Utah rule 746-341 and as provided by the FCC order 54.409.

_____ I must notify Utah Telephone Assistance Program (UTAP) and my telecommunication carrier within 30 days if for any reason my household no longer satisfies the criteria for receiving Lifeline benefit. This includes: a) my household no longer meets the income-based or program-based criteria for receiving Lifeline benefit; b) I am receiving more than one Lifeline benefit; or, c) another member of my household is receiving a Lifeline benefit.

_____ I understand that I am seeking to qualify for the Lifeline benefit as a eligible resident of Tribal lands and that my household lives on Tribal lands as defined by federal code 54.400l.

_____ I understand that if I move to a new address that I must notify UTAP and my telecommunication provider within 30 days and provide mine new address.

_____ I understand that if I provided a temporary residential address that I will be required to verify my temporary residence address every 90 days with the UTAP office.

_____ I understand that my household will only receive one lifeline benefit and to the best of my knowledge, my household is not already receiving a Lifeline benefit.

_____ I understand and acknowledge that providing false or fraudulent information to receive a Lifeline benefit is punishable by law.

_____ I understand and acknowledge that I will be required to re-certify my household's eligibility for Lifeline benefits at any time, and failure to do so will result in de-enrollment and the termination of my household's Lifeline benefit pursuant to federal code 54.405l(4).

_____ I understand that if my application is denied, I have the right to a fair hearing, and that I will send a written notification of request for a fair hearing within 10 days after receiving the denial notification. Fair hearing requests are to be mailed to Division of Public Utilities, 160 East 300 South, 4th Floor, Salt Lake City, UT 84111.

_____ I understand and consent to the Department of Workforce Service (UTAP) and/or my telecommunication carrier to providing my information, including but not limited to, my name, residential address, phone number, date of birth, social security number, the date on which my Lifeline benefit was initiated/terminated, the amount of Lifeline benefit provided, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database, and any state agency for official business to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, my Lifeline benefit will be discontinued.

_____ I understand that if I live in a multiple household (a household is defined as a group of individuals who live together, at the same address, and share income and expenses) that I will also complete and sign the multiple household certification worksheet on page three.

_____ I understand that my Lifeline benefit is non-transferrable. I may not transfer my benefit to any individual, including another eligible low-income consumer.

_____ I understand that I am responsible to repay the difference between the discounted and regular price if I am not eligible for the Lifeline benefit.

_____ I certify that the information contained in this certification form is true and correct to the best of my knowledge.

_____ _____

Lifeline Assistance Applicant Signature — Date
(Must be the same name as on page one)

MULTIPLE HOUSEHOLD CERTIFICATION WORK SHEET: If there are multiple unique households (as defined in question 1 below) at your address, please also complete and submit the Household Worksheet below. This will assist us in being able to respond promptly to your request for Lifeline benefits.

Question 1. At some addresses, there are multiple unique households. A household is defined as a 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. Are there adults living at your address who are **not** part of your household? ..... ☐ YES ☐ NO

- If you checked **YES**, please read and initial line A in the certification box below. Then, continue to question #2.
- If you checked **NO**, please continue to question #2.

Question 2. In addition to yourself, are there individuals living at your address who are part of your household? This could include your spouse, domestic partner, an adult relative, dependent children, or a roommate. ..... ☐ YES ☐ NO

- If you checked **YES**, please continue to question #3.
- If you checked **NO**, you do not need to answer remaining questions. Please read and initial line B in the certification box below, and sign /date the worksheet.

Question 3. Provide a list of all individuals in your house:

Full Name	Social Security Number	Date of Birth	Relationship

Question 4. Do any members of your household, including you, currently receive Lifeline discounts on a wireline or wireless phone? ..... ☐ YES ☐ NO

- If you checked **YES**, your household is not eligible for another Lifeline discount. Please do not submit this application. If the other Lifeline discount(s) are discontinued, you may submit an application at that time.
- If you checked **NO**, please initial line B below, and sign and date the worksheet and mail it back.

CERTIFICATION

Please initial the certifications below based on your answers to the three questions above, sign and date this worksheet.

A. ____ I certify that I live at an address occupied by multiple households.

B. ____ I understand that violation of the one-per-household requirement is against the Fed. Communication Commission's rules and may result in loss of benefits and potentially prosecution by the U.S. government.

Lifeline Assistance Applicant Signature _____ Date _____

APPLICATION CHECKLIST – Please provide the following:

☐ Signed and completed Lifeline application form.
☐ If applying based on program eligibility, a copy of a program identification card or other social service agency documentation showing current participation. Documentation for at least one program is necessary as proof of eligibility.
☐ If applying based on the size and income level of customer's household, provide a copy of one of the following:
☐ Prior year's federal, state, or tribal income tax return
☐ Current income statement from employer
☐ Paycheck stubs for any three consecutive months within the prior twelve months
☐ Social security statement of benefits
☐ Veteran's Administration statement of benefits
☐ Retirement or pension statement of benefits
☐ Unemployment or Worker's Compensation statement of benefits
☐ Letter of Participation in General Assistance. Federal or tribal notice of participation for general assistance.
☐ Divorce decree or child support documentation containing income information

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.