



C Spire Lifeline Assistance Certification Form - MISSISSIPPI

Lifeline is a federal government benefit program and only qualified persons may participate in the Lifeline program. Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline service may not be transferred to any other individual, including another eligible low-income consumer. **By law, the Lifeline program is only available for one phone line per household, whether landline or wireless.** A household is not permitted to receive Lifeline benefits from multiple providers. A household is defined, for purpose of the Lifeline program, as any individuals who live together at the same address and share income and expenses. Any violation of the one phone line per household limitation constitutes a violation of the FCC's rules and will result in de-enrollment from the Lifeline program.

Initial Lifeline Enrollment Re-certification of Lifeline Enrollment

Personal Information

First Name: _____ MI: _____ Last Name: _____

Last 4 digits of Social Security Number: _____ Tribal ID #: _____

Date of Birth: _____

Residential Physical (No P O Box) Address: _____

City: _____ State: _____ Zip Code: _____

This address is: Permanent Temporary Multi-Household

I certify, under penalty of perjury, that I reside on Tribal lands: _____ (initial here, if applicable)

Billing Address (May be P O Box): _____

City: _____ State: _____ Zip Code: _____

C Spire Telephone Number: _____ Alt. Contact Number: _____

C Spire Account Number: _____

Are you or any member of your household currently receiving Lifeline discounted telephone services from any service provider?
 No Yes If yes, only one Lifeline discount is allowed per household.

Program-Based Eligibility

_____ (Please initial) I certify that I, or one of my dependents, participate in the following program(s). I will provide documentation of my participation in programs selected to the service provider. (Check all that apply)

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP/EBT/Food Stamps)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (Section 8)
- Veterans and Survivors Pension Benefit

- Bureau of Indian Affairs General Assistance*
- Tribally Administered Temporary Assistance for Needy Families (Tribal TANF)*
- Food Distribution Program on Indian Reservation (FDPIR)*
- Head Start*

* Only for customers residing on Tribal lands

Income-Based Eligibility

TO QUALIFY FOR INCOME ELIGIBILITY, YOU MUST PROVIDE COPIES OF ONE OR MORE OF THE DOCUMENTS LISTED BELOW:

Prior year's state, federal or Tribal tax return, Social Security benefits statement; Veterans Administration benefits statement; federal or Tribal notice letter of participation in Bureau of Indian Affairs General Assistance; Retirement/Pension benefit statement; divorce decree or child support document; Unemployment/Workers Compensation benefits statement; or current income statement from employer or paycheck stub. If you provide documentation that does not cover a full year (such as current pay stub), you must submit three (3) consecutive months of the same type of document within the current calendar year.

People in household	Total Annual Income Max:	People in Household	Total Annual Income Max:	People in Household	Total Annual Income Max:
1 person	\$16,281	3 people	\$27,567	5 people	\$38,853
2 people	\$21,924	4 people	\$33,210	each additional person after 5 add:	\$5,643

How many people are in your household? _____

What is the monthly/yearly total household income? _____ per Month Year

My total household income is at or below 135% of the Federal Poverty Guidelines.

I certify under penalty of perjury the following *(initial by each certification)*

- _____ *I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in §54.409 of the FCC's rules.*
- _____ *I will notify C Spire Wireless within 30 days if (1) I cease to participate in a federal qualifying program or programs or if my annual household income exceeds 135% of the Federal Poverty Guidelines; (2) I receive more than one Lifeline-supported service; (3) another member of my household is receiving a Lifeline benefit; or (4) I, no longer qualify for Lifeline for any other reason. I certify attest under penalty of perjury that I understand this notification requirement and I may be subject to penalties if I fail to follow this requirement;*
- _____ *If I move to a new address, I will provide that new address to C Spire Wireless within 30 days of moving.*
- _____ *My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline benefit from any other service provider such as Safelink, Assurance, Reachout Wireless, or a wireline provider.*
- _____ *The information I provided in this certification form 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.*
- _____ *I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify my continued eligibility will result in de-enrollment and termination of my Lifeline benefit.*

Signature of Applicant

Date

For Company Use Only:

I certify that I have reviewed documentation (identified below) from the customer, and to the best of my knowledge, this documentation accurately represents the customer's participation in the program above, or that the customer's household income is at or below 135% of the Federal Poverty Guidelines.

Document reviewed: _____

Method provided: In person ___ U.S. Mail ___ Fax ___ E-mail ___

Expiration date: _____

Printed Name of C Spire employee

Signature of C Spire employee



Lifeline Benefit Transfer Form

I wish to enroll in Lifeline with C Spire Wireless. C Spire Wireless has explained that I may not have multiple Lifeline discounts with the same or multiple providers. I understand that if I wish to enroll in Lifeline with C Spire Wireless, I must lose any Lifeline benefits I currently receive from another company. I hereby consent to the transfer of my Lifeline discount from my existing provider to C Spire Wireless.

Signature of Customer

Date

Printed Name of Customer

Disclaimer: This form will only be used in the event that you are found in the National Lifeline Accountability Database as receiving a Lifeline discount from another carrier.