

## APPLICATION FOR ALABAMA LIFELINE ASSISTANCE

### 1 YOUR INFORMATION – You must be 18 or older to fill out this application.

Your personal information will be validated against public records, and any discrepancies will result in rejection of service. Fields with (\*) are mandatory. A household may be eligible for the benefit if any member is a “qualified participant” of any assistance program listed, or if the total household income is within the guidelines in Section 2.

- If you are the “qualified participant” in your household, complete Section 1 (Part 1, only), Section 2 and Section 3
- To apply using a child or dependent in your household as “qualified participant,” complete Section 1 (Parts 1 and 2), Section 2 and Section 3

#### PART I

<b>*Legal Last Name</b>	<b>*Legal First Name</b>	<b>MI</b>
<b>*Home Street Address / Apartment No. (No P.O. Box)</b>		
<b>*City</b>	<b>*State</b>	<b>*ZIP Code</b>
<b>*Last Four Digits of Social Security #</b>	<b>*Birth Date (Month/Day/Year)</b>	<b>Contact Phone Number</b>
<b>Email Address</b>		

Add Full Mailing Address if different from above: Address, City, State and ZIP Code (P.O. Box Allowed)

#### PART II: ONLY COMPLETE THIS PART IF APPLYING VIA PROGRAM AND YOUR CHILD OR DEPENDENT PARTICIPATES IN A QUALIFYING PROGRAM.

<b>*Child or Dependent Legal Last Name</b>	<b>*Child or Dependent Legal First Name</b>	<b>MI</b>
<b>*Child or Dependent Last Four Digits of Social Security #</b>	<b>*Child or Dependent Birth Date (Month/Day/Year)</b>	

\*MUST also complete section 1 (Part I) and section 3 with the parent or guardian’s information.

### 2 ELIGIBILITY – Complete Program OR Income section.

#### PROGRAM

Complete if you participate in at least ONE of the following public assistance programs. (Check the program(s) you participate in)

- Supplemental Nutrition Assistance Program (SNAP) Food Stamps
- Medicaid
- Supplemental Security Income (SSI)
- Free Lunch Program
- Head Start Program
- Federal Housing Assistance (Section 8)
- Temporary Assistance for Needy Families (TANF)
- Low Income Home Energy Assistance Program (LIHEAP)

To qualify based on program eligibility, you must provide a copy of ONE of the documents listed below.

- Program participation card/document
- Notice letter of participation
- Prior year’s statement of benefits
- General assistance notice letter of participation

#### INCOME

Complete if your annual income is at or below the amounts listed. How many people are in your household? \_\_\_\_\_

People in Household	Annual Income	People in Household	Annual Income
1	\$16,038	5	\$38,394
2	\$21,627	6	\$43,983
3	\$27,216	7	\$49,586
4	\$32,805	8*	\$55,202

\*For each additional person, add \$5,616.

To qualify based on your income, you must provide one or more copies of the documents listed below. If you provide documentation that does not cover a full year (such as a current pay stub), you must submit three consecutive months of the same type of document within the previous 12-month period.

- Current income statement from employer or paycheck stub
- Social security benefits statement
- Veterans administration benefits statement
- Retirement / pension benefits statement
- Unemployment / workers compensation benefits statement

## APPLICATION FOR ALABAMA LIFELINE ASSISTANCE

**3 IMPORTANT! – You must check off (✓) all statements, then sign and date application.**



Your application can not be approved without these items. Boxes MUST be checked

**By signing below, I certify under penalty of perjury to each of the following:**

- I, or a dependent in my household, participate in the designated qualifying program listed, or my household income is at or below the level specified. I understand that I must notify T-Wire within 30 days if I no longer wish to participate in the qualifying program or if I no longer meet the income eligibility guidelines, or if another member of my household obtains Lifeline supported service from another carrier, or if for any other reason, I no longer qualify for Lifeline support. I understand I may be required to recertify my continued eligibility for Lifeline at any time, and failure to do so will result termination of my Lifeline benefits.
- I understand that my household may receive only one Lifeline supported service. My household does not currently receive Lifeline service OR my household currently receives Lifeline service from another carrier, and I authorize T-Wire Corp.® to transfer my Lifeline benefit to T-Wire. I understand this will terminate my Lifeline benefits with my existing carrier. If I change my address, I will provide my new address to T-Wire within 30 days.
- The information contained in this application is true and accurate to the best of my knowledge, and I acknowledge that providing false or fraudulent information to obtain Lifeline benefits is punishable by law.
- I authorize T-Wire to contact me by interactive voice response (IVR) or other means to notify me of annual Lifeline re-certification and the Lifeline program's 60 day non-usage policy.

I hereby authorize T-Wire Corporation or its duly appointed representatives to (1) obtain and use information from relevant state agencies to confirm my initial and ongoing eligibility for Lifeline assistance; (2) access any records required to verify my statements herein; (3) update my address to a proper mailing address format; (4) provide my name, telephone number and address to the Universal Service Administrative Company (USAC) (the administrator of the program) and its agents for the purpose of verifying that I do not receive more than one Lifeline benefit; and (5) authorize social service agency representatives to discuss with and/or provide information to T-Wire verifying my participation in benefit programs that qualify me for Lifeline assistance. T-Wire Lifeline service is offered pursuant to T-Wire Terms and Conditions, which can be found at [www.mytwire.com](http://www.mytwire.com).

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Check this box if you would like to receive pre-recorded special offers and promotional offers from T-Wire at the contact telephone number or email provided.

Lifeline supported service. Lifeline is a federal benefit, and only eligible subscribers may enroll. Customers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or may be barred from the program.

Lifeline is available for only one line per household. A household is defined 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 benefits from multiple providers. Violation of the one-per-household rule constitutes a violation of Federal Communications Commission (FCC) rules, and will result in the customer's disenrollment from Lifeline. Lifeline is a non-transferable benefit, and a customer may not transfer his or her benefit to another person.



Fax application and appropriate documents to: **OR**



Mail application and appropriate documents to:  
**T-Wire**  
**1110 N. Palafox St.**  
**Pensacola, FL 32501**



For questions please call: **844-894-7326**,