



State of Utah  
Department of Workforce Services  
**LIFELINE ASSISTANCE PROGRAM APPLICATION**

**This office does not currently certify wireless customers. For Cell phone approval, contact the company directory. This application is only for landline customers of the following telephone companies: Please check your provider.**

- |                                                          |                                                    |                                                                         |
|----------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> All West Communications         | <input type="checkbox"/> CenturyLink (Qwest Corp.) | <input type="checkbox"/> Navajo Comm. Co.                               |
| <input type="checkbox"/> Bear Lake Communications        | <input type="checkbox"/> Direct Communications     | <input type="checkbox"/> Skyline Telecom                                |
| <input type="checkbox"/> Beehive Telephone               | <input type="checkbox"/> Emery Telcom              | <input type="checkbox"/> South-Central Utah Telephone Association       |
| <input type="checkbox"/> Carbon/Emery Telcom             | <input type="checkbox"/> Gunnison Telephone        | <input type="checkbox"/> UBTA-UBET Communications,<br>(Strata Networks) |
| <input type="checkbox"/> Central Utah Telephone          | <input type="checkbox"/> Hanksville Telcom         | <input type="checkbox"/> Union Telephone                                |
| <input type="checkbox"/> Citizens (Frontier) Telecom Co. | <input type="checkbox"/> Manti Telephone Company   |                                                                         |

Telephone Number and area code\*: (\_\_\_\_\_) \_\_\_\_\_ Wire Line (Land Line) phone numbers only.

Account Holder (if different then applicant) \_\_\_\_\_

\*If you do not currently have telephone service, please leave the name and telephone number where you can be reached.

Name of **MESSAGE contact**: (print) \_\_\_\_\_ **MESSAGE #**: (\_\_\_\_\_) \_\_\_\_\_

**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. Instructions can be found on page 2 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 (needs to be street address, not a PO Box):

Street Number \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State (Utah residents only) \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Is the address above your  Permanent address? Or  Temporary address? Please check one.

Billing Address (If different from service address, may include PO Boxes): Is this a  Permanent address? Or  Temporary address?

POBox or Street Number \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State (Utah residents only) \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

**You have the option of applying one of two ways: Section 1, by PROGRAM; OR Section 2, by INCOME**

**SECTION 1, PROGRAM ELIGIBILITY: PLEASE CHECK** the programs in which you or someone in your household currently participate and attach a copy of eligibility documentation: (If qualifying under Income, see **Income Eligibility** section below)

- |                                                                                |                                                                          |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> VA/Survivor Pension                                   | <input type="checkbox"/> Medicaid                                        |
| <input type="checkbox"/> Supplemental Security Income (SSI)                    | <input type="checkbox"/> General Assistance                              |
| <input type="checkbox"/> Federal Public Housing Assistance including Section 8 | <input type="checkbox"/> SNAP (Food Stamps)                              |
| <input type="checkbox"/> Refugee Assistance                                    | <input type="checkbox"/> Head Start (income qualification standard only) |

If the person participating in one of the programs above is someone in your household other than you, provide his/her name and certify that he/she is a member of your household: (If qualifier is the applicant you do not need to re-enter the information)

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.

**SECTION 2, INCOME ELIGIBILITY:** 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 below, and complete the section below. Household income is defined as "all income actually received by all members of a household. This includes salary before deductions for taxes, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, lottery winnings, etc. The only exceptions are student financial aid, military housing and cost-of-living allowances, irregular income from occasional small jobs such as baby-sitting or lawn mowing, etc. Attach an additional sheet if needed. **PLEASE PROVIDE COPIES**

**How many persons live in your household?** \_\_\_\_\_ (**Must enter household size.**) Check box for the sources of income for each household member and enter the monthly or yearly income. See checklist on page 3 for appropriate documentation.

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
								\$
<b>TOTAL INCOME</b>								<b>\$</b>

**INCOME CHART:**

*Add \$468 a month for each additional member.	Household Size	Monthly Income	Household Size	Monthly Income
	1	\$1,336.50	3	\$2,268.00
	2	\$1,802.25	4	\$2,733.75

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 wire line (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: If Not Applicable, enter NA (please read and initial the following):

- \_\_\_\_\_ 1. Qualifiers: My household meets the following income-based or program-based eligibility criteria for receiving Lifeline assistance. (Initial if any applies to your household situation)
- a) Program Eligibility: I, or one or more of my dependents, or my household receive benefits from one of qualifying programs as listed on page 1; **OR**
  - b) Income: My household income as defined under the income guidelines section on page 1 is at or below 135% of the Federal Poverty Guidelines for a household of that size as listed on page 1; **OR**
  - c) **IF** I live on Tribal lands including any federally recognized Indian Tribe’s reservation, pueblo, or colony, or any land designated as such by the Federal Communications commission for purposes of Lifeline assistance and I qualify under one of the above low income qualifications or I, one or more of my dependents, or my household participates in one of the following Tribal-specific federal assistance programs; Bureau of Indian Affairs general assistance; Tribally administered Temporary Assistance for Needy Families; Head Start (only those households meeting its income qualifying standard); or Food Distribution Program on Indian Reservations; **AND**
  - d) No one in my household is already receiving a Lifeline service.
- \_\_\_\_\_ 2. 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:
- My household no longer meets the income-based or program-based criteria for receiving Lifeline benefit;
  - I am receiving more than one Lifeline benefit; or,
  - Another member of my household is receiving a Lifeline benefit.
- \_\_\_\_\_ 3. I certify that **IF** I am seeking to qualify for the Lifeline benefit as an eligible resident of Tribal lands my household lives on federally recognized Indian Tribe’s as defined in 1c above. (If Not Applicable, enter NA)
- \_\_\_\_\_ 4. I understand that if I move to a new address that I must notify UTAP and my telecommunication provider within 30 days and provide my new address.
- \_\_\_\_\_ 5. 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. (If Not Applicable, enter NA)
- \_\_\_\_\_ 6. I certify 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. FOR NEW APPLICANTS ONLY
- \_\_\_\_\_ 7. I understand and acknowledge that providing false or fraudulent information to receive a Lifeline benefit is punishable by law.
- \_\_\_\_\_ 8. I understand and acknowledge that I may 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.
- \_\_\_\_\_ 9. 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.
- \_\_\_\_\_ 10. 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) and/or if I have more then 1 person in the household, that I will also need to complete and sign the multiple household certification worksheet, pg 3.
- \_\_\_\_\_ 11. I understand that my Lifeline benefit is non-transferrable. I may not transfer my benefit to any individual, including a family member, roommate, or other eligible low-income consumer.
- \_\_\_\_\_ 12. 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 and have been receiving the benefit during an ineligible period.
- \_\_\_\_\_ 13. I certify that the information contained in this certification form is true and correct to the best of my knowledge.

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

Date

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) • PO BOX 147140 • Salt Lake City, UT 84114  
Salt Lake area 801 526-9272 ; Toll Free, 1-800-948-7540

**HOUSEHOLD CERTIFICATION WORKSHEET:** Please carefully read and answer each question. This will assist us in being able to respond promptly to your request for Lifeline (UTAP) benefits. If you are a single person household please complete this page.

**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: Attach an additional sheet if needed.

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 wireless cell phone? .....  YES  NO

- If you checked **YES**, and if this is your first application with UTAP 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. (NA if this does not apply)
- 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: **(THIS IS JUST A REMINDER)**

- 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 if you are self-employed
  - Current income statement from employer, if you cannot provide your check stubs
  - Paycheck stubs for the current past three consecutive months
  - Social security – Yearly benefit letter (we cannot accept bank statement)
  - Veteran's Administration – Yearly benefit letter (we cannot accept bank statements)
  - Retirement or pension – Yearly benefit letter (we cannot accept bank statements)
  - Unemployment or Worker's Compensation – Benefit letter (we cannot accept bank statements)
  - Letter of Participation in General Assistance (Federal and Tribal)
  - 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.