

**TENNESSEE PUBLIC UTILITY COMMISSION**  
**502 Deaderick Street**  
**4<sup>th</sup> Floor**  
**NASHVILLE, TENNESSEE 37243**  
**615-741-2904 or 1-800-342-8359**  
**615.741.8953 (fax)**

Dear Applicant:

Lifeline is a federal benefit. Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline service is available for only one line per household (“wireline” or “wireless”). 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 benefits from multiple providers.

**Who is eligible for Lifeline?**

You automatically qualify and need to contact your telephone provider directly, if you are enrolled in any ONE of the following public assistance programs: (1) Supplemental Nutrition Assistance Program (Formerly known as Food Stamps) (2) Medicaid (3) Supplemental Security Income (4) Live in Section 8 Federal housing (*HUD and other Federal housing programs may not automatically qualify*). (5) Veterans Pension benefit and Survivors Pension benefit.

If you “**DO NOT**” receive public assistance, you may qualify if your total household gross monthly income is equal or less than 135% of the Federal Poverty Level per month as indicated below.

**Gross Monthly Income Table**

<u># of Household Members</u>	<u>*Monthly Income 135% of the Federal Poverty Level</u>
1	\$1,366
2	\$1,852
3	\$2,338
4	\$2,824
5	\$3,310
For each additional person, add	486

*BASED ON 2017 FEDERAL REGISTER FOR POVERTY LEVEL INCOME STANDARDS (PLIS).*

You must establish telephone service prior to applying for the Lifeline discount. The name on the telephone bill must match the name of the household member participating in the eligible program. Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person. 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 potentially, prosecution by the United States government.

**Application to be submitted to the Tennessee Public Utility Commission (TPUC) for approval.**

**TPUC Applicant Check List (Please make sure you have submitted all the following information.)**

- Full Name                      Social Security Number                      Address (Street, City, State, Zip Code)
- Telephone Number              Telephone Provider
- Proof of income (i.e. Social security award letter, bank statement, payroll check, child support, etc.)

***Income must be provided for Entire Household.***

**Tennessee Public Utility Commission**  
**Lifeline Application**

Name: (Please print) Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: (No P.O. Boxes) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing address: (if different than above) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is this address  Permanent  Temporary  Multi-Household Number of people in your household \_\_\_\_\_ DHHR Case #. \_\_\_\_\_

Telephone Provider: \_\_\_\_\_

Tel. # (MUST be in your name) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Tel. # where you can be reached (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**1. I am currently participating in the following program(s): Check all that apply.** For verification, please provide proof by sending a copy of the programs benefit statement, notice, letter or other official participation document. **\*NOTE: DO NOT SEND ORIGINAL DOCUMENTS – ORIGINALS WILL NOT BE RETURNED**

\_\_\_\_ Federal Public Housing Assistance (Section 8)\*

\_\_\_\_ Supplemental Security Income (SSI)\*

\_\_\_\_ Medicaid\*

\_\_\_\_ Veterans Pension Benefit and Survivors

\_\_\_\_ Supplemental Nutrition Assistance Program (SNAP) formerly Foodstamps\*

**\*If the proof that you are sending is not in your name, you MUST fill out the statement below.**

I CERTIFY THAT \_\_\_\_\_ (name on proof) IS A MEMBER OF MY HOUSEHOLD AND IS NOT ALREADY RECEIVING LIFELINE BENEFITS.

**OR 2.  I do not participate in any programs listed in #1 above but my monthly household income is at or below the Federal Poverty Guidelines of \$1,366.00 for a 1 person household, \$1,852.00 for a 2 persons, \$2,338.00 for 3 persons, \$2,824.00 for 4 persons, \$3,310.00 for 5 persons and \$486.00 for each additional person.** For verification, please provide proof of income for each source.

**NOTE: DO NOT SEND ORIGINAL DOCUMENTS – ORIGINALS WILL NOT BE RETURNED.**

**3. To be completed by ALL customers regardless of your selections in Sections 1 & 2.**

**I certify under penalty of perjury: Initial by each Certification line below:**

\_\_\_\_ (1) The information contained in my application remains true and correct to the best of my knowledge and I acknowledge that Lifeline is a federal benefit and that willfully providing false or fraudulent information to receive Lifeline benefits is punishable by law, may lead to fines, imprisonment, de-enrollment and may result in me being barred from the program.

\_\_\_\_ (2) I am a current recipient of the program checked above, or have an annual household income at or below the Federal Poverty Guidelines listed above.

\_\_\_\_ (3) I understand that my household can only have one Lifeline-supported telephone service. Telecommunications provider has explained the one-per household requirement. I understand that violation of the one per household requirement constitutes a violation of the FCC's rules and will result in my de-enrollment in the Lifeline program and could result in criminal prosecution by the United States government.

\_\_\_\_ (4) I attest to the best of my knowledge that neither I nor anyone else in my household receives a Lifeline-supported service from any other landline or wireless company. Household is defined as any individual or group of individuals who live together at the same address and share income and expenses.

\_\_\_\_ (5) I understand that my Telecommunications provider lifeline service is non-transferable and I may not transfer my service to any individual including any other eligible low-income customer.

\_\_\_\_ (6) I will notify Telecommunications provider within 30 days if I no longer qualify for lifeline. I understand this requirement and that I may be subject to penalties if I fail to notify Telecommunications provider. Specifically, I will notify Telecommunications provider if: 1) I cease to participate in the above federal or state program, or if my annual household income exceeds the income guidelines; 2) I am receiving more than one Lifeline service; or 3) I no longer satisfy the criteria for receiving Lifeline support.

\_\_\_\_ (7) I will notify Telecommunications provider within 30 days of moving. Additionally, if my address listed above is a temporary address, I understand that I must verify my address with Telecommunications provider every 90 days. If I fail to respond to Telecommunications provider address verification attempts within 30 days, my Lifeline service may be terminated.

\_\_\_\_ (8) Telecommunications provider has explained to me that I am required each year (or as requested) to recertify my continued eligibility for Lifeline. If I fail to do so within thirty (30) days, my Telecommunications provider Lifeline service will be terminated.

\_\_\_\_ (9) I authorize and understand that Telecommunications provider may provide to state and federal agencies, as required by law for the purpose of complying with the Lifeline program all of the information related to my account, including but not limited to my name, date of birth, social security number, address and phone number.

\_\_\_\_ (10) I understand that my telephone number, date of birth, last four digits of my social security number, and address will be divulged to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline subsidy.

\_\_\_\_ (11) I understand that if USAC identifies that I am receiving more than one Lifeline subsidy, all carriers involved may be notified so that I may select one service and be de-enrolled from the other.

\_\_\_\_ (12) I have provided documentation of eligibility along with this application.

\_\_\_\_ Applicant Signature \_\_\_\_\_ Date of Birth (xx/xx/xxxx) \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_ Date \_\_\_\_\_

**Ethnic Background (Optional):** This information is for statistical purposes only.

\_\_\_\_ African-American (Black) American Indian Caucasian (White) Hispanic Other

**Do not write below this line** \_\_\_\_\_

\_\_\_\_ Approved Denied Lifeline Total Gross Income \$ \_\_\_\_\_

Representative \_\_\_\_\_ Date \_\_\_\_\_