

# AT&T Lifeline Ohio Application

**PLEASE READ CAREFULLY AND FILL OUT COMPLETELY**

Name of Applicant \_\_\_\_\_  
(Last) (First) (Middle Initial)

Home Telephone Number (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Can Be Reached at Number (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  
(If you do not have a home telephone, please call the toll-free number on this application to apply for service.)

Applicant Address \_\_\_\_\_  
(Number) (Street) (Apartment, Floor)

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please provide your Social Security Number --

**1) PROGRAM ELIGIBILITY: PROOF OF INCOME IS NOT REQUIRED.** I receive assistance from one of the following programs (check all that apply) (NOTE: Social Security and Medicare alone do NOT qualify for Lifeline)

- Food Stamps
- Medicaid or State-provided Medical Assistance
- Supplemental Security Income (SSI)
- Disability Assistance
- Home Energy Assistance (HEAP)
- Federal Public Housing and/or Section 8
- National Free School Lunch Program
- Ohio Works First / TANF
- Supplemental Security Income-Blind & Disabled (SSDI)

## If you completed Box 1, SKIP Box 2

**2) INCOME ELIGIBILITY:** If you do not participate in one of the above programs, you may still be eligible for Lifeline under Income Eligibility if your gross income falls within the qualifying range below.

(NOTE: Do not complete the Income Eligibility section, if you have completed the Program Eligibility section.)

Household Size	Annual Gross Income	Monthly Gross Income
1	\$15,600	\$1,300
2	\$21,000	\$1,750
3	\$26,400	\$2,200
Each Add'l person add	\$ 5,400	\$ 450

**A PHOTOCOPIY OF ONE OF THE REQUIRED INCOME ELIGIBLE DOCUMENTS IS REQUIRED TO BE APPROVED FOR LIFELINE OHIO.** (If not provided, you will not be approved for Lifeline Ohio.)

- Prior year's state or federal tax return
- Paycheck stubs for most recent 3 months
- Social Security statement of benefits
- Divorce decree
- Child Support document
- Veterans Administration Statement of Benefits
- Federal notice letter of participation in General Assistance
- Unemployment/Workmen's Compensation statement of benefits
- Retirement / pension statement of benefits
- Current income statement from an employer

Number of people living in household (required): Adults \_\_\_\_\_ Children \_\_\_\_\_

### PLEASE READ AND SIGN THE FOLLOWING STATEMENT

I certify that

- My telephone service is listed in my name;
- The above address is my primary residence, not a second home or business;
- If, in the future, I no longer participate in at least one of the above programs, or if any of the information in this application changes or no longer applies, I will notify AT&T Ohio at 1-800-335-8721;
- I authorize AT&T Ohio or its duly appointed representative to access any records required to verify these statements in order to confirm my continued participation in the above plan.
- If I establish new telephone service with AT&T at the same time I apply for Lifeline Ohio, I understand that the line connection charge of \$36.50 will be waived if I return this form within 60 days from date I established service. If this form is not return within 60 days, I will be billed the line connection charge of \$36.50 over a 3-month period.

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

### MAIL OR FAX SIGNED APPLICATION TO:

**Call today for more information: 1-800-335-8721**  
**Or fill out and mail the application to the address below:**  
**AT&T Lifeline Ohio, PO Box 4600 Waterloo, IA 50704-9720**  
**Fax 1-800-295-7495 TTY 1-800-980-4889 Spanish 1-800-910-1030**