



## NE Colorado Cellular, Inc. dba **Viaero Wireless** - Lifeline Certification Form

Lifeline is a federal government benefit program and only qualified persons may participate in the Lifeline 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, either landline or wireless.** 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 will result in de-enrollment from the Lifeline program and may be punished by fine or imprisonment.

**Initial Lifeline Enrollment**

*(Proof of income or program participation required)*

**Re-certification of Lifeline Eligibility**

*(Proof of income or program participation NOT required)*

### PERSONAL INFORMATION

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_ / \_\_ / \_\_\_\_

Social Security # (last 4 digits) \_\_\_\_\_

Tribal Identification #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alt. Contact #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

### RESIDENTIAL ADDRESS **(PO BOX NOT ACCEPTABLE, MUST BE YOUR PRINCIPAL STREET ADDRESS)**

STREET ADDRESS: \_\_\_\_\_

Apartment No.: \_\_\_\_\_

(if applicable) Name of multi-resident facility: \_\_\_\_\_ Room/bed No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**This address is:  Permanent  Temporary  Multi-Household**

\_\_\_\_\_ I certify that I reside on Federally recognized Tribal land. **(If applicable.)**

*Initial Here*

### BILLING/MAILING ADDRESS

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_



**ELIGIBILITY**

**YOU MAY QUALIFY FOR LIFELINE DISCOUNTS UNDER EITHER SECTION 1 OR SECTION 2 BELOW. PLEASE FILL OUT EITHER SECTION 1 OR 2, DEPENDING UPON WHICH APPLIES TO YOU:**

**SECTION 1 – PROGRAM-BASED ELIGIBILITY**

Please check the appropriate box(es) below to indicate that you, or one of your dependents, participate in one or more of the programs listed below:

- |  |  |
|--|--|
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)                              | <input type="checkbox"/> Head Start (must meet income criteria)<br><b>(Tribal Lands only)</b>      |
| <input type="checkbox"/> Supplemental Security Income (SSI)  | <input type="checkbox"/> Bureau of Indian Affairs General Assistance<br><b>(Tribal Lands only)</b> |
| <input type="checkbox"/> National School Lunch Program’s Free Lunch Program                          | <input type="checkbox"/> Tribally administered TANF <b>(Tribal Lands Only)</b>                     |
| <input type="checkbox"/> Federal Public Housing Assistance (Section 8)                               | <input type="checkbox"/> Tribal Food Distribution Program<br><b>(Tribal Lands Only)</b>            |
| <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)                          |  |
| <input type="checkbox"/> Medicaid  |  |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP), also known as Food Stamps |  |

**I CERTIFY THAT I, OR ONE OF MY DEPENDENTS, PARTICIPATE IN ONE OR MORE QUALIFYING PROGRAMS AS INDICATED ABOVE.**

*Initial Here*

**New Applicants Only: To qualify based on program participation, you must provide documentation proving that you or one of your dependents participate in a qualifying program. (Note: Proof of program participation is not required during annual re-certification of Lifeline eligibility.)**

If you have a dependent residing in your household who receives benefits from one of the programs above, please provide their name:

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

**SECTION 2 – INCOME-BASED ELIGIBILITY:**

**IF YOUR TOTAL HOUSEHOLD INCOME IS AT OR BELOW THE LEVEL SHOWN BELOW, YOU ARE ELIGIBLE FOR A LIFELINE CREDIT.**

**How many people are in your Household? \_\_\_\_\_**

**135% of National Poverty Guidelines:**

People in household	Total Annual Income at:	People in Household	Total Annual Income at:	People in Household	Total Annual Income at:
1 person	\$15,890	3 people	\$27,122	5 people	\$38,354
2 people	\$21,506	4 people	\$32,738	each additional person	\$ 5,616



**New Applicants Only:** To qualify based on your income, you must show, or send copies of, one or more of the documents listed below. If you provide documentation that does not cover a full year (such as current pay stubs), you must submit three (3) consecutive months of the same type of document within the previous 12 months. (Note: Proof of income qualification is not required during annual re-certification of Lifeline eligibility.)

**Acceptable forms of documentation of household income (please check one):**

- Prior year's state, federal or tribal tax return
- Divorce decree or child support document
- Federal or tribal notice letter of participation in Bureau of Indian Affairs General Assistance
- Retirement/Pension benefit statement
- Social Security benefits statement
- Veterans Administration benefits statement
- Unemployment/Workers Compensation benefits statement
- Current income statement from employer or paycheck stub

**I CERTIFY THAT MY HOUSEHOLD INCOME IS AT OR BELOW 135% OF THE FEDERAL POVERTY GUIDELINES AND THAT I HAVE CORRECTLY INDICATED THE NUMBER OF PEOPLE IN MY HOUSEHOLD ABOVE.**

\_\_\_\_\_  
*Initial Here*

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**CUSTOMER CERTIFICATIONS**

Federal law requires Viaero to obtain your certification to the following statements. Please read and acknowledge you agree by initialing each statement below, under penalty of perjury:

**I understand that, by law, the Lifeline program is only available for one phone line per household, whether landline or wireless. To the best of my knowledge, no one in my household is receiving Lifeline service.**

\_\_\_\_\_  
*Initial Here*

**I certify that I am at least 18 years of age and not currently receiving a lifeline telephone service from any other landline or wireless telephone company. I will only receive Lifeline from Viaero and not from any other landline or wireless telephone company.**

\_\_\_\_\_  
*Initial Here*

**I authorize Viaero to access any records, including financial records, required to verify my eligibility for Lifeline service. I also authorize Viaero to transmit to the Lifeline Administrator all of the information I have provided on this form, as well as my telephone number and the start date and termination date (if any) for my Lifeline service. I understand that this information will be transmitted to ensure proper administration of the Lifeline program, and that I cannot receive Lifeline service if I do not consent to this information being transmitted.**

\_\_\_\_\_  
*Initial Here*

