



## Request for Lifeline Wireless Telephone Service

I am requesting service from WestLink Communications and wish to enroll in the Lifeline Service Program to receive low income assistance in the form of monthly discounts on my telephone service.

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone Number Where You Can Be Reached: \_\_\_\_\_

I understand that this program is subject to federal and state eligibility rules. I am entitled to participate in the Lifeline Program because I receive benefits from one or more of the programs listed on the information sheet and meet all eligibility rules as described.

### Certification of Eligibility:

\_\_\_\_ I certify that the presented documentation accurately represents my annual household income.

\_\_\_\_ I certify that the number of individuals in my household is \_\_\_\_\_.

\_\_\_\_ The telephone service I am requesting from WestLink Communications will be used as my primary residential phone.

\_\_\_\_ The requested phone service will be issued in my name and I am the individual receiving the qualifying assistance.

\_\_\_\_ I am not currently enrolled in any other telephone assistance program with any other telephone company – or I am transferring the benefits from my existing provider to WestLink Communications.

\_\_\_\_ I understand that no other qualified occupants at my residence may participate in the Lifeline Program unless I terminate my service or change residency.

\_\_\_\_ I agree to notify WestLink Communications of any change in my residency status.

\_\_\_\_ I agree to notify WestLink Communications if I no longer receive benefits from any of the programs that make me eligible for the Lifeline program.

\_\_\_\_ I understand that my eligibility for the Lifeline Program will be periodically reviewed.

I certify, under penalty of perjury, that all of the information above is true and correct. I agree to comply with the requirements of the program as outlined.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_