

ARKANSAS TELEPHONE COMPANY Low-Income Telephone Assistance Lifeline Certification Form

Directions To receive a discount on your telephone bills, please verify your eligibility by completing the following steps: 1) Fill out Part A; 2) Fill out Part B or Part C, 3) Sign and date the form; 4) Attach documents to support the income reported in Part C; and 5) Return the Certification Form to your local telephone company or to the address listed on the back of this form. For assistance, call toll free 1-866-886-5465.

Mark the correct box: I want LINK-UP LIFELINE BOTH

A. Personal Information The person on this form must be the customer listed on the telephone bill.

First Name Mr., Mrs., Ms.	MI	Last Name	Social Security Number - - -
Street Address	Apartment #		Telephone Number ()
City	State	Zip Code	Date of Birth (mm/dd/yyyy)

B. Determination of Eligibility (Program-Based) Please check the box next to the programs in which you are enrolled.

<p>I. Enrollment in any of the programs listed below will qualify you to continue to receive the telephone discount.</p> <p><input type="checkbox"/> Food Stamps</p> <p><input type="checkbox"/> National School Lunch Program's free lunch program</p> <p><input type="checkbox"/> Medicaid</p> <p><input type="checkbox"/> Temporary Assistance to Needy Families (TANF)</p> <p><input type="checkbox"/> Supplemental Security Income (SSI)</p>	<p>II. Enrollment in either of the programs listed below will qualify you to continue to receive the telephone discount.</p> <p><input type="checkbox"/> Low-Income Energy Assistance Program (LIHEAP)</p> <p><input type="checkbox"/> Federal Public Housing Assistance (FPHA) or Section 8</p>
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C. Determination of Eligibility (Income-Based) If you do not participate in any of the programs above, you may qualify if your income is within the ranges below. Please fill out the worksheet to determine income-based eligibility, and check the box below if applicable.

Income-Based Eligibility Worksheet		Income-Based Eligibility Key			
Please indicate total household size (I) and calculate total household income (II), including the income of all adult persons residing in your home from all sources. To determine the amount of income in each category, enter the amount(s) shown on the check or benefit statement.		If your household income is equal to or lower than the amounts listed below, corresponding to your household, you are eligible for telephone discount and can check the box below.			
I. How many people reside in your household? _____		Household Size	Yearly Income	Monthly Income	Weekly Income
II. Income calculation:					
Income Source	Amount per week / month / year (circle one)				
Wages from employment as shown on pay stub or W-2 Form		1	\$13,784	\$1,149	\$265
Social Security		2	\$18,482	\$1,540	\$356
Retirement Income		3	\$23,180	\$1,932	\$446
Alimony or Child Support		4	\$27,878	\$2,323	\$537
Unemployment or Workers Compensation		5	\$32,576	\$2,715	\$627
All Other Earnings		6	\$37,274	\$3,106	\$717
Total Household Income		7	\$41,972	\$3,498	\$808
		8	\$46,670	\$3,889	\$898

My total household income is at or below 135% of federal poverty guidelines. (Check this box only after completing the worksheet.)

If you have checked this box, you must attach one of the following for each adult member of your household: (1) a copy of your most recent pay stub(s) from all employers covering the period of three (3) months, (2) the most recently filed tax return or W-2, (3) a signed letter from each employer indicating the level of your wage, (4) documentation of social security income, (5) a copy of an unemployment form with eligibility dates, or (6) copies of current unemployment checks.

D. Signature By signing this form, I certify under penalty of perjury that the above declaration is true and correct. I understand that the information provided is subject to audit and investigation by the Company and governmental agencies.

Customer Signature	Date
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