



LQW

ARIZONA APPLICATION FORM - LIFELINE ASSISTANCE PROGRAM

Please Read All Instructions Before Completing

Please fill in all information as completely as possible. The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance.

Telephone Number or existing Account #	First Name	Name	
Address		City	State
Zip Code	Social Security Number		Date of Birth

PLEASE CHECK programs in which you currently participate:

Medicaid (AHCCCS) Case No: _____	Low-Income Home Energy Assistance within the last year Case No: _____
Food Stamps Case No: _____	Temporary Assistance for Needy Families (TANF) Case No: _____
Supplemental Security Income (SSI) Case No: _____	National School Lunch Program (NSL) Case No: _____
Federal Public Housing Assistance Case No: _____	State Children's Health Insurance Plan (SCHIP) or KidsCare Case No: _____
Household Income at or below 150% of the Federal Poverty Level (must provide documentation – see reverse side) # in Household: _____	

PLEASE READ AND SIGN THE FOLLOWING:

By signing below, I certify under penalty of perjury that 1) the information contained within this application is true and correct; 2) the telephone service for which I am applying for the Lifeline discount is listed in my name; 3) the address listed is my primary place of residence, not a second home or a business; and 4) I understand and agree that only one Lifeline discount is allowed per household. I can only receive Lifeline discounts from one Telecommunications Provider, and only on one telephone line. I may not receive Lifeline discounts on both a wireline phone and a wireless phone. I understand that receiving Lifeline discounts on more than one telephone line is a violation of federal law and may result in penalties that include losing all of my Lifeline discounts.

If in the future I am no longer participating in at least one of the benefits programs (and do not meet any other requirements) that qualifies me for Lifeline assistance, I will promptly notify CenturyLink that I am no longer eligible for assistance.

I authorize CenturyLink or its duly appointed representative to access any records required to verify my statements herein and to confirm my eligibility for Lifeline assistance. I also authorize social service agency representatives to discuss with and/or provide information to CenturyLink verifying my participation in benefit programs that qualify me for Lifeline assistance. I understand that completion of this application does not constitute immediate approval for Lifeline assistance. I understand that qualifying for Lifeline assistance may not waive deposit requirements for local telephone service.

By signing below, I acknowledge that providing fraudulent documentation in order to receive assistance is punishable by law.

Account Holder Signature

Date

Please mail this completed application and any supporting documents to:

Arizona Department of Economic Security
 – Community Partnerships and Innovative Practices Lifeline Telephone Discount Program – 950A
 P.O. Box 6123
 Phoenix, AZ 85005-6123

For answers to questions concerning Lifeline,
 Please call DES-CPIP at 1-602-542-4446 or 1-800-582-5706.



Please check Box	Number of people living in home	Household Income: (at or below)	Please check Box	Number of people living in home	Household Income: (at or below)
	1	\$16,755		6	\$46,455
	2	\$22,695		7	\$52,395
	3	\$28,635		8	\$58,335
	4	\$34,575		No. _____	\$ _____.
	5	\$40,515	* For each additional person, add \$5,940		

Application Checklist – Please provide the following:

1. Signed and completed Lifeline application.
2. Provide a copy of one of the following if applying based on the size and income level of customer's household:
 - Last year's Federal or State Income Tax Return
 - Current Annual Income Statement from Employer
 - Paycheck Stubs for most recent three consecutive months
 - Social Security Statement of Benefits
 - Veteran's Administration Statement of Benefits
 - Retirement or Pension Statement of Benefits
 - Unemployment or Worker's Compensation Statement of Benefits
 - Letter of Participation in General Assistance
 - Divorce Decree or Child Support Documentation

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