

Lifeline Discount Application (Please Print)

Date: _____

Last Name: _____ First Name: _____ Middle: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone Number if you have service (MUST be in your name)

Telephone Number where you can be reached

(_____) _____ - _____
area code + seven-digit number (REQUIRED)

(_____) _____ - _____
area code + seven-digit number

Telephone Company: _____

Number of people in your household _____
(REQUIRED)

1. I am currently participating in the following program(s): Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Federal Public Housing Assistance (Section 8) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Tribal-specific Program(s) | <input type="checkbox"/> Veterans Pension and Survivors Benefit Programs |

2. I do not participate in any programs listed in #1 and my household income is at or below 135% of Federal Poverty Guideline.

For verification, please identify and include copies of one of the documents below:

- | | |
|--|--|
| <input type="checkbox"/> Last year's State or Federal Tax Return | <input type="checkbox"/> Current annual income statement from employer |
| <input type="checkbox"/> 3 consecutive months of most recent paycheck stub | <input type="checkbox"/> Social Security Benefits Statement |
| <input type="checkbox"/> Veterans Administration Benefits Statement | <input type="checkbox"/> Retirement/Pension Benefits Statement |
| <input type="checkbox"/> Unemployment/Workman's Compensation Statement | <input type="checkbox"/> Divorce Decree |
| <input type="checkbox"/> Child Support Document | <input type="checkbox"/> Other |

3. Self-Certification

I agree to notify MetroNet when I no longer participate in any of the above qualifying programs. I certify under penalty of perjury the above information is true. I have read the information on this application, and understand I must participate in one of the above programs or household income is at or below 135% of Federal Poverty Guideline, in order to receive the Lifeline discount on my MetroNet account.

Applicant Signature

Social Security Number (applicant)

Date

I am an "Authorized Representative for this applicant and am submitting this form on behalf of this customer. I am willing to assist this applicant in seeking service discounts.

Print "Authorized Representative" Name

Signature (Authorized Rep.)

Daytime Phone Number

Date

Complete Application → Attach Supporting Documents

Please feel free to call MetroNet Customer Service at 1-877-407-3224 with any questions.

Mail to: MetroNet

ATTN: Customer Service/Lifeline
3701 Communications Way
Evansville, IN 47715