



LIFELINE REQUEST FORM

Request for Lifeline Wireless Telephone Service

I am requesting service from Chat Mobility and desire to enroll in the Federal Lifeline Low Income Telephone Assistance Program to receive monthly service discounts.

Name: _____

Social Security Number: ____ - ____ - ____ **Date of Birth:** ____/____/____

Address: _____

A Phone Number Where I Can Be Reached: _____

I understand 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 Chat Mobility 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(s) with any other telephone company – or I am transferring the benefits from my existing provider to Chat Mobility.
- 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 Chat Mobility of any change in my residency status.
- I agree to notify Chat Mobility if I no longer receive benefits from any of the programs that make me eligible for the Lifeline Program.
- I understand Chat Mobility will review my eligibility periodically.

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: X _____

Today's Date: ____/____/____