



Request for Lifeline Telephone Service

I am requesting service from Pioneer 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 Pioneer 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 Pioneer 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 Pioneer Communications of any change in my residency status.

____ I agree to notify Pioneer 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: _____