



Information Release Authorization

Genuine Telecom provides a discount under the Lifeline and Link-Up (Link-Up available for tribal lands only). Programs to customers whose eligibility has been verified to receive benefits from any of the following:

- Income at or below 135% of Federal Poverty Level (proof of income reviewed but not retained)
- Wisconsin Works (W2)
- Badger Care
- Food Stamps
- Medical Assistance (MA)
- Supplemental Security Income (SSI)
- Low Income Energy Assistance Program (LIEAP)
- Wisconsin Homestead Tax Credit (Schedule H)
- Federal Public Housing Assistance or Section 8
- National School Lunch Program (Free Lunch Program)

The signed authorization is required by the Department of Workforce Development and the Department of Revenue to release information concerning eligibility to Genuine Telecom or its authorized agent. The authorization is only for the purposes of verifying your participation in these programs and will not be used for any other purpose.

A customer, by FCC Order, is not allowed to receive low income Lifeline assistance from any other wireline or wireless provider.

Please complete and sign the form below. Return to:

**Genuine Telecom
PO Box 409
Richland Center, WI 53581**

INFORMATION RELEASE & ACKNOWLEDEMENT AUTHORIZATION FORM

Please print:

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

DOB: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

I, the undersigned, verify via my signature that:

- I am not currently receiving Lifeline support benefits nor is anyone from my household, from any other wireline or wireless telephone provider, and will notify Genuine Telecom within 30 day in the event of receipt of Lifeline Assistance from another wireline or wireless provider.
- I will notify Genuine Telecom within 30 days in the event that I no longer qualify for Lifeline Assistance under the programs listed above. Failure to do so can result in loss of benefits and possible prosecution.
- The information provided is true and correct. Providing false information is punishable by law.
- I will notify Genuine Telecom within 30 days off change of address.
- I understand that completion of this form does not constitute immediate acceptance into this program.
- If I qualify and receive Lifeline Benefits my information will be provided to the National Lifeline Database.

Signature

Date

Name	
Address	
Telephone Number	

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An **adult** is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household **expenses** include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). **Income** includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check no if you do not have a spouse or partner) ____ YES ____ NO

- If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
- If you checked **NO**, please answer question #2.

2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?

- A. A parent ____ YES ____ NO D. An adult roommate ____ YES ____ NO
B. An adult son or daughter ____ YES ____ NO E. Other _____ ____ YES ____ NO
C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.) ____ YES ____ NO

- If you checked **NO** for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
- If you checked **YES**, please answer question #3.

3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? ____ YES ____ NO

- If you checked **NO**, then your address includes **more than one household**. Please initial lines A and B below, and sign and date the worksheet.
- If you checked **YES**, then your address includes only **one household**. You may not sign up for Lifeline because someone in your household already receives Lifeline.

CERTIFICATION

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to _____ [Genuine Telecom or agency name] along with your Lifeline application.

- A. _____ I certify that I live at an address occupied by multiple households.
- B. _____ I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature _____ Date _____



GUIDELINES FOR USING 135% OF POVERTY LEVEL FOR LIFELINE BENEFITS

2013 FEDERAL POVERTY LEVELS (135% already calculated)

Along with the completed and signed Lifeline Assistance Information Release Authorization form, proof of income is required when applying under the Poverty Level Guideline. If your household falls at or below one of the levels outlined above, you can qualify for Lifeline Assistance. Please choose from the list below for verification of income.

- Prior year's federal or state income tax return
- Current annual statement of income from employer
- Paycheck stubs for most recent 3 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

Any documentation received will not be kept, shared or stored by the local telecommunications provider.



For Office Use Only

For use in determining eligibility under 135% poverty rules.

Date: _____

Telephone Numbers associated with Lifeline Service application: _____

Qualifying Documents: _____

Reviewed by: _____

Applicant qualifies under 135% poverty rule: YES NO