

Application for Verizon LifeLine Service



(Discounted Telephone Service) (Vea el reverso para la solicitud en español.)

PLEASE READ CAREFULLY, USE PEN, PRINT AND FILL OUT COMPLETELY

Name of Applicant _____
(last) (first) (middle initial)

Home Address _____
(number) (street) (apartment number, if applicable)

_____ New York _____
(city or town) (state) (zip code)

My home telephone number
(include area code)
 (____) _____ - _____

Telephone number where I can
 be reached to arrange service
 (____) _____ - _____

Type of LifeLine Service Requested (check only one)

Basic Flat Rate
(not available in all areas)

WHAT YOU NEED TO QUALIFY

Please provide your SOCIAL SECURITY NUMBER - -

In addition, please provide the Identification Number from your benefit card or approval notice.

I am receiving assistance from: (check only <u>one</u> program)	Proof of Eligibility (only for program checked)
<input type="checkbox"/> Medicaid (MA) <input type="checkbox"/> Food Stamps (FS) <input type="checkbox"/> Safety Net Assistance <input type="checkbox"/> Family Assistance	Attach a photocopy of your benefit card. Do not send original.
<input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Veteran's Disability Pension (DP) (non-service related) <input type="checkbox"/> Veteran's Surviving Spouse Pension (SSP) (non-service related) <input type="checkbox"/> Home Energy Assistance Program (HEAP)	Attach a photocopy of your approval notice. Do not send original.
<input type="checkbox"/> Income Eligible (IE) for but not receiving benefits	See below*
ID Number (only for program checked)	<input style="width: 150px; height: 20px;" type="text"/>

* **Income Eligible** but not presently receiving benefits, attach Agency letter or have LifeLine Agent or Verizon Manager stamp or sign here: _____

Verizon
 Community Affairs Mgr. _____
(signature)

or Agency Stamp _____

PLEASE READ AND SIGN THE FOLLOWING STATEMENT

I certify that:

- I am not dependent for federal income tax purposes or that I am a dependent over the age of 60.
- All the above information is correct.

I authorize the New York State Office of Temporary and Disability Assistance, the New York City Community Development Agency, other agencies administering the above programs and Verizon and its subsidiaries to exchange any information necessary to verify my eligibility for the discounted rate Verizon LifeLine Service. I understand that if/when I am no longer eligible, my Verizon LifeLine Service will be changed to the regular residence rate.

Signature _____ Date _____

MAIL SIGNED APPLICATION AND PROOF OF ELIGIBILITY TO:

Verizon Customer Response Center, 435 West 50th Street, 10th Floor, New York, N.Y. 10019
If you have a question about LifeLine call 1 800 555-5000