



601 Broadway • Paducah, KY 42001

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LIFELINE SUPPORT PROGRAM Certification of Qualification

I, _____, certify under penalty of perjury that I receive benefits from one of the following programs OR meet the eligibility requirements based on income.

(mark **ONE** that applies)

- _____ Medicaid
- _____ Supplemental Nutrition Assistance Program (SNAP)
- _____ Supplemental Security Income
- _____ Federal Public Housing Assistance
- _____ Low-income Home Energy Assistance Program
- _____ Temporary Assistance to Needy Families Program (TANF)
- _____ National School Lunch's Free Lunch Program (NSL)
- _____ Meets income-based qualifier of 135% of Federal Poverty Guidelines

I understand that only one Lifeline service is permitted per household and making false statements to obtain a benefit can result in fines, imprisonment, de-enrollment, or being barred from the program

I am eligible for the benefit and am providing proof of participation from the one above identified program.

I agree to notify e-Tel Murray within 30 days should I move to a new address or am no longer eligible.

I understand that I must respond and resubmit proof of participation annually or be subject to de-enrollment.

Printed Name _____

Signature _____

Date of Birth _____ Last 4-digits of SS# _____

Telephone _____

Customer Service Rep _____ Date _____