

**\*\*Attention:** Please **DO NOT** complete this form until the first three steps below are complete.\*\*

**CHECK ELIGIBILITY FOR LIFELINE PROGRAM**

- STEP 1:** Verify Eligibility online with National Verifier at <https://CheckLifeline.org>, or by mail via paper [application](#).  
**\*\*\*NOTE:** Please take snapshot of information you enter in National Verifier because you will need the information entered to match exactly to the form below if Qualified AND the screenshots will need to be emailed in **STEP 3\*\*\***
- STEP 2:** If Qualified, proceed with **STEP 3** and complete the form below. If NOT Qualified, then this process is complete and nothing else is needed from you.
- STEP 3:** Submit screenshots of National Verifier application and approval notification with application ID to CarolinaConnect at [info@carolinaconnect.com](mailto:info@carolinaconnect.com).
- STEP 4:** Complete form below and submit.

**YOUR INFORMATION**

Legal First Name \_\_\_\_\_  
 Legal Middle Name (optional) \_\_\_\_\_  
 Legal Last Name \_\_\_\_\_  
 Date of Birth        /        / \_\_\_\_\_

**SERVICE ADDRESS**

Street Address \_\_\_\_\_  
 Apt, Unit, etc. (if applicable) \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is your mailing address the same as your residential street address?     Yes     No

If No, please enter mailing address below.

**MAILING ADDRESS**

Street Address \_\_\_\_\_  
 Apt, Unit, etc. (optional) \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

**CONTACT INFORMATION**

Phone Number \_\_\_\_\_

*If you are a current CarolinaConnect customer, please provide your CarolinaConnect billing telephone number.*

Email Address \_\_\_\_\_

*If you are a current CarolinaConnect customer, please provide the email address associated with your account.*

**QUALIFYING METHOD**

Which method was used to qualify?

- Supplemental Nutrition Assistance Program (SNAP) or Food Stamps
- Medicaid
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (FPHA)
- Veterans Pension and Survivors Benefit Program
- Does not participate in one of the above programs, but qualifies through income
- Does not participate in the above programs, but child or dependent participates in one of the above programs

**IDENTITY VERIFICATION**

Last 4 digits of your Social Security Number \_\_\_\_\_

Did you use an additional form of ID verification on your Application?     Yes     No

If yes, please select the method & provide the information below.

- Drivers License # \_\_\_\_\_
- Military ID # \_\_\_\_\_
- Passport # \_\_\_\_\_
- Tax ID # \_\_\_\_\_
- Other Gov't ID # \_\_\_\_\_

**Continue form on following page...**



## TERMS AND CONDITIONS

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I agree to the Terms and Conditions below:

- Lifeline is a Federal government program for low-income households that lowers the monthly cost of phone and internet services. Eligible consumers may receive up to \$9.25 off their internet service
- Household may obtain Lifeline supported services from any participating provider of its choosing
- I, my dependent, or other person in my household currently get benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty Guidelines
- If I move, I will give my service provider my new address within 30 days
- I understand that I must tell my service provider within 30 days if I do not qualify for Lifeline anymore
- I know and acknowledge that my household is only receiving one Lifeline benefit
- All answers and agreements that I provided on this form are true and correct to the best of my knowledge
- I understand that my service provider may have to check whether I still qualify at any time.
- If I need to recertify my Lifeline benefit, I understand that I must respond by the deadline, or I will be removed from the Lifeline Program and my Lifeline benefit will stop.
- Household may file a complaint against its provider via the FCC's Consumer Complaint Center at <https://consumercomplaints.fcc.gov>.

Customer Initials \_\_\_\_\_ Date of Permission to Enroll \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Once your submission is processed and credits applied, the credits will appear on your next bill.



1.800.375.9758

[www.CarolinaConnect.com](http://www.CarolinaConnect.com)