



Application for Massachusetts Universal Service Fund  
**MASSACHUSETTS LIFELINE/LINKUP**

You may qualify for a discount on your monthly telephone bill if you or a dependent residing in your household is receiving low-income benefits under certain programs.

- Lifeline is available to qualifying low-income subscribers for residence service.
- Linkup offers a \$30.00 discount on the initial installation, on the basic installation. Link up is available for a first time only at the applicant's principal place of residence.
- Washington Lifeline subscribers certified under a Low-Income program may receive a reduction of up to \$13.50 per month.

If you or a dependent residing in your household are receiving benefits from one or more of the programs listed below, please check all that apply, complete the remainder of the form, and return it to YourTel America (fax 1-877-388-1083).

**LOW INCOME PROGRAMS**

I certify under penalty of perjury that I, or a dependent residing in my household, currently receive benefits from one or more of the programs listed below:

- |   |   |
|---|---|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) f/k/a Food Stamps   | <input type="checkbox"/> Supplemental Security Income |
| <input type="checkbox"/> Fuel Assistance (Low-Income Home Energy Assistance Program (LIHEAP)) | <input type="checkbox"/> MassHealth or Medicaid       |
| <input type="checkbox"/> Transitional Aid to Families with Dependent Children (TAFDC)         |   |
| <input type="checkbox"/> Emergency Aid to the Elderly, Disabled and Children (EAEDC)          |   |

*I certify under penalty of perjury that the above is true and further asserts he/she will follow all Lifeline/Link-up rules as noted above. I also certify that my household currently receives benefits from at least one of the programs above, my telephone is listed in my name, I am not listed as a dependent on another person's tax return (unless over the age of 60) and the address listed is my primary residence. I also certify that I will only receive one Lifeline connection and will not have simultaneous Lifeline connections with another provider. If I am participating in another Lifeline program at the time I apply for TerraCom Wireless Lifeline service, I agree to cancel that Lifeline service with any other provider. I agree to notify TerraCom immediately if my household ceases to participate in the program(s) listed above or changes to an alternate program not indicated. I confirm local voice service discounts under the low income programs are limited to one per household. I authorize TerraCom to access any records required to verify my statements herein and to confirm my continued eligibility for Lifeline assistance.*

\_\_\_\_\_  
Customer Signature/Date

\_\_\_\_\_  
Telephone Number Where You Can Be Reached

\_\_\_\_\_  
Customer Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date

**COMPANY USE ONLY**

Please check one of the following:

New ☐

Recert ☐

Add Lifeline ☐

\_\_\_\_\_  
Company Representative Signature

ESN \_\_\_\_\_

\_\_\_\_\_  
Title

MOBILE NUMBER \_\_\_\_\_

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Date