



# Lifeline low income assistance plans:

name for your directory listing:

first name (please print) last name (please print)

address

apartment, unit or lot number

LA

city state Zip

mailing address if different

( )

current or previous phone number in whose name ?

keep this number? yes [ ] no [x] ... was it unlisted? yes [ ] no [x]

( )

contact number (work, neighbor, cell phone, etc.)

## LOW INCOME ASSISTANCE PLAN SELF CERTIFICATION FORM

I hereby certify that I participate in the following public assistance program(s):

CHECK ✓ AT LEAST ONE:

- Medicaid  Food Stamps
- Assistance to Needy Families /AFDC (TANF)
- Supplemental Security Income (SSI)
- Federal Public Housing Assist. or Section 8
- Low-Income Home Energy Assist. (LIHEAP)
- National School Free Lunch (NSL)
- State Means Test

I certify, under penalty of perjury, that I am a current recipient of above program(s) and will notify homefone when I no longer participate in at least one of the above designated programs. I authorize homefone or representative to access any records required to verify my continued participation in the above program(s). I authorize representatives of the above programs to discuss with and/or provide copies to homefone to verify my participation. I certify that neither I nor anyone in my household is now receiving a Lifeline subsidy or has received a Link-Up subsidy at this address in the past.

I acknowledge that this service does not allow making inter/intrastate long distance (unless a long distance plan is selected), toll, operator assisted, directory assistance, or 900 per usage calls, or making or receiving collect, third-party billed or any other type of per usage calls. My signature gives my consent for homefone to establish service or switch my service from my current provider and view my current customer record and to prohibit a change away from homefone as my local service provider. I am authorized to make this decision. I understand that failure to make payments by due date may cause service to be suspended and/or disconnected.

signature

date

### FIRST MONTH FREE

for new customers

VALUE PACK call waiting, caller I.D. monthly \$42.96, first month free  ✓

FOUR PACK call waiting, caller I.D. 3-way, call return (\*69) monthly \$48.26, first month free  ✓

EIGHT PACK call waiting, caller ID. 3-way, call return (\*69), forwarding tracing, speed call, call blocking monthly \$53.56, first month free  ✓

### LOW FIRST PAYMENT

for new customers

PLUS PACK all 8 calling features plus 40 mile radius dialing

- ZONE 1 monthly & first payment \$57.86  ✓
- ZONE 2 monthly & first payment \$68.46  ✓
- ZONE 3 monthly & first payment \$71.59  ✓

first payments include a \$60 connection fee less a \$30 Link-Up subsidy, homefone promotional discounts and a \$8.25 Lifeline subsidy

add LONG DISTANCE to your plan

2000 minutes, 48 States - monthly \$12.00  ✓ call homefone for toll free access number

1+ dialing & operator services - deposit \$300.00  ✓ call for rates and to give us your credit info

Please mail this application to homefone, PO Box 6047 Metairie, LA 70009, or fax to us at 1-800-309-2677.

Please call 1-877-466-3366 for connection date and to get your new number or to confirm keeping an existing number.