

Lifeline Information Form

The below information MUST match what was submitted and approved by the National Verifier to prevent delays with your Lifeline credits being applied to your account.

Lifeline Applicant Information		
National Verifier Approval Code from USAC:		
LEGAL Name: Last	First	M.I.
Date of Birth	Social Security Number or Tribal ID (last 4 digits only)	
Current Home Telephone Number:		
Residence Street Address (No P.O. Box, must be your principal address):		Apt/Floor/Other
City	State	Zip
If, mailing address is different residential address, please fill in the mailing address		
Mailing Address:		Apt/Floor/Other
City	State	Zip
Did you Qualify through a Tribal Specific Program? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Benefit Qualifying Person is not in your name, you must complete the below certification.		
I certify that _____ (Legal name on proof),		
Date of Birth _____		
Social Security Number or Tribal ID (last 4 digits) _____ is a member of my household and is not already receiving Lifeline benefits from Windstream or another company.		

Signature of Applicant

Date

Return Completed Form and with Qualification Code to:
 Windstream Communications
 ATTN: Support Services-Lifeline
 1720 Galleria Boulevard
 Charlotte, North Carolina 28270
 FAX: (704) 849-7000
 OR Email to WCI.Life.Line.Charlotte@windstream.com

Any questions, please contact Windstream at 1-800-347-1991