



September 17, 2015

ID AUTHENTICATION FORM

RESPONSE DATE: 10/7/2015



I A 1 5 2 5 8 0 0 0 1 3
000007
JOHN Q SAMPLE
1234 MAIN ST
ANY CITY, CA 99999

Re: Identity authentication for California LifeLine Program (California LifeLine) for 999-999-9999

The California LifeLine Administrator was unable to authenticate your identity on your recent California LifeLine application. In order to be considered for the California LifeLine Program, you must **complete** and return this form along with a **COPY** of your identification documentation. Some acceptable forms of identification documentation include: U.S. Driver License, Passport, Certificate of U.S. Citizenship, Certificate of Naturalization or Citizenship, Permanent Resident Card, Permanent Resident Alien Card, and U.S. government, military, state, or Tribal-issued ID, which includes date of birth and/or Social Security Number and/or Tribal ID. For a complete list of acceptable forms of identification documentation, visit our website at www.californialifeline.com or call (877) 858-7463.

We must receive this form and your documents by **10/7/2015**
or your application will be denied.

SIGN AND PRINT YOUR NAME - By signing below in compliance with federal and state government rules, I certify, under penalty of perjury, that giving false or fraudulent information is punishable by law, that my household is qualified for the discounts, that my household will not be getting more than one discount, that the service address is my principal residence, that I am not claimed as a dependent on another person's tax return, that I understand the notification rules, that I must renew my discounts annually, that if I do not renew I will lose the discounts, and that the information in this form is true and correct. I agree to inform my phone company or the California LifeLine Administrator within 30 days if I change my service address or billing address, if I no longer qualify for the California LifeLine discounts, or if my household is getting more than one discount. I understand and agree that I will be penalized if I do not follow these notification rules. I acknowledge and give my consent for the California LifeLine Administrator to share my information in this form to the Universal Service Administrative Company and/or its agents. Legal Guardians or people with Power of Attorney are allowed to sign this form.

X Applicant's Signature (REQUIRED)

Today's Date:

/ /
Month Day Year

Fill in this bubble if signed by a Legal Guardian or a person with Power of Attorney.

Applicant's First and Last Name (REQUIRED):

