



CUSTOMER DATA SHEET FOR LIFELINE

1. Are you seeking to **TRANSFER** your Lifeline benefit from another carrier to Arriva?

[If you mark YES, you must provide your signature] ___ NO ___ YES

Signature: _____

2. What is your approved **LIFELINE APPLICATION NO.** if any? : **#Q** _____

3. What is your **NAME** as used on the Lifeline Application approved by USAC?

4. List your **TELEPHONE NUMBERS:**

LANDLINE: _____ MOBILE: _____

5. List your **Date Of Birth (DOB)** and the last four digits of your **Social Security Number (SSN4):**

DOB: _____ SSN4: _____

6. What is your **PHYSICAL ADDRESS?**

_____ MS _____
Number & Street plus Unit, if any City State Zip

7. What is your **MAILING ADDRESS?** *[Leave blank if this is the same as your physical address.]*

_____ _____
Post Office Box or Number & Street, Unit City State Zip

8. What is your **EMAIL ADDRESS?**

9. If you qualified through a child or another household dependent as a **BENEFIT QUALIFYING PERSON**, supply the BQP's data below. If not, leave blank.

NAME: _____ DOB: _____ SSN4: _____

10. **SERVICES.** Mark which services you will have with Arriva:

___ Voice only ___ Broadband only ___ Broadband & Voice

IF YOU HAVE A COPY OF YOUR APPROVED LIFELINE APPLICATION NOTICE FROM USAC,

PLEASE PROVIDE IT ALONG WITH THIS DATA SHEET.