

## LIFELINE DISCOUNT APPLICATION

### What is Lifeline Telephone Service?

Lifeline telephone service is a joint federal and State of New York program intended to assist in making telephone service affordable for all residential customers.

Customers that meet the below eligibility requirements will receive the federally authorized credit of \$9.25 on their telephone bills. This credit is made up of a \$6.50 credit of the Subscriber Line Charge (SLC) and an additional \$2.75 credit, totaling the \$9.25 federally authorized amount.

In addition, depending upon your telephone company, the New York State Public Service Commission has approved additional credits (these credits vary by company). These additional Lifeline credits can be found in your Telephone Company's Tariff on addendum 1.

### Who is eligible for Lifeline Discounts?

In order to be eligible for the discount, the applicant must meet set income criteria. In New York, Individuals must either receive benefits through one of the below entitlement programs or meet the income guidelines established by the Federal Communications Commission of 135% of the Federal Poverty Guidelines (FPG).

### How do I apply for the discount?

Complete the application below and return it with proof of eligibility as described in the application to your local telephone company.

### Do any restrictions apply?

Yes, restrictions do apply. The Lifeline discount is available for one line of voice service per household; Applicants must be over 18 years of age, and cannot be claimed as a dependent on anyone's tax return.

### (Please Print)

Name: \_\_\_\_\_

Qualifying Person's Name (if different from Above): \_\_\_\_\_

Street Address (No PO Boxes): \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The Above Address is \_\_\_ Permanent \_\_\_ Temporary \_\_\_ Multi-Household (See Attached Multi-Household worksheet)

Billing Address (if different) : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone Number (if available): \_\_\_\_\_

I/member of my household am/is now receiving assistance from the following programs (check all that apply to you):

Medicaid (MA)

Supplemental Nutritional Assistance Program (SNAP) F/K/A Foodstamps

- Supplemental Security Income (SSI)
- Low Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance for Needy Families/Safety Net
- Veterans Surviving Spouse Pension
- Federal Public Housing Assistance
- National School Lunch Program's free lunch program
- Veterans Disabilities Pension

I am not receiving assistance for these programs, but I meet the financial eligibility requirements of 135% of the Federal Poverty Guidelines (FPG). I have  individuals in my household.

You must provide documentation that you/member of your household subscribes to one of the above entitlement programs, or that you meet the income requirement.

**For Company use**

Documentation received to qualify for Lifeline, as a recipient of state or federal benefit programs:

- benefit statement – Type of statement/Agency \_\_\_\_\_;
- HEAP Approval Notice/utility bill with HEAP benefit;
- Social Security Benefit statement;       Veteran's Administration benefit statement;
- Federal or Tribal notice letter of participation in General Assistance

Documentation received to qualify for Lifeline, as eligible under income requirements:

- Prior year state, federal or tribal tax return – specify which \_\_\_\_\_
- Current income statements/paycheck stubs (3-consecutive months)
- retirement/pension statement of benefits;
- Unemployment/ workers' compensation statement of benefits;
- divorce decree, indicating income;
- Child Support award or some other official document containing income information.

Type of documentation provided \_\_\_\_\_

Expiration Date (of Documentation): \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

How Was Documentation Obtained? (in Person/Fax/Electronic) \_\_\_\_\_

Employee reviewing documentation: \_\_\_\_\_

***(Note, if applicant presents documentation of income that does not cover a full year, such as current pay stubs, the applicant must present the same type of documentation covering three consecutive months.)***

***THE COMPANY WILL NOT RETAIN ANY CUSTOMER DOCUMENTAION, ONCE THE DOCUMENTATION HAS BEEN REVIEWED AND RECORDED (Above) AS RECEIVED – THE COMPANY WILL RETURN THE DOCUMENTATION TO APPLICANT OR DESTROY IT. DO NOT RETAIN DOCUMENTATION OR ATTACH IT TO THIS APPLICATION.***

**Lifeline Applicant Certifications:** *Certifications marked with an \* are required. If you are unable to certify to these statements, you will become ineligible for the Lifeline discount. Please initial on each line and sign below*

\_\_\_\_\_ \* I hereby certify that I have been made aware that the Lifeline program is a Federal benefit program as well as a NYS state program and that willfully making false statements to obtain this benefit will result in de-enrollment from this benefit, but can also result in fines, imprisonment, and/or being barred from the program.

\_\_\_\_\_ \* I hereby certify that my household, defined as any individual or group of individuals who live together at the same address and share income and expenses will be the recipient of only ONE Lifeline service.  
*(Note: Attachment A provides a questionnaire to determine household eligibility)*

\_\_\_\_\_ \* I hereby certify that neither I nor any other member of my household receives Lifeline benefits from any other provider, traditional Landline or Wireless. I understand that violation of the one per household limitation constitutes violations of the FCC's Lifeline Rules and will result in the de-enrollment of the program and may result in fines, imprisonment, and/or being barred from the program. \* I hereby certify that I will not transfer this benefit to any other person.

\_\_\_\_\_ \* I hereby give my consent to the **MARGARETVILLE TELEPHONE COMPANY** to transmit/verify with the National Lifeline Accountability Database the information that I have provided on my application, including my Name, address, and last 4 digits of my social security number to verify that I/my household does not receive more than 1 lifeline benefit.

\_\_\_\_\_ \* I hereby certify that I will notify the Telephone Company within thirty (30) days if for any reason I am no longer eligible to receive Lifeline benefits, including no longer meeting the income-based or program-based criteria, or if I determine another member of my household is also receiving Lifeline benefits.

\_\_\_\_\_ \* I hereby certify that if I move to a new address, I will provide that new address to the telephone company within thirty (30) days of moving.

\_\_\_\_\_ If the address I provided to the Telephone Company is a temporary address, I agree to verify my temporary residential address every ninety (90) days.

\_\_\_\_\_ \* **THE MARGARETVILLE TELEPHONE COMPANY** has explained to me that I am required each year to re-certify my continued eligibility for Lifeline. If I fail to do so within thirty (30) days, it will result in the termination of my Lifeline discount

\_\_\_\_\_ \* I authorize and understand that the **MARGARETVILLE TELEPHONE COMPANY** may provide to state and Federal agencies, as required by law, for the purposes of complying with the Lifeline program all the information related to my account including but not limited to my name, date of birth, social security, usage history, address and phone number.

**Important Notice:**

\_\_\_\_\_ \* I acknowledge that each year, I must re-certify my continued eligibility in the Lifeline program. If I do not return the re-certification documents annually, I will be deemed ineligible and my lifeline discount will be discontinued.

\_\_\_\_\_ \* I certify that the information provided in this application is true and correct to the best of my knowledge.

**By signing below, you certify to the above initialed statements**

**Qualifying person's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian of qualifying person (if minor):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Applicant if different from above:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***If Applicant is not the qualifying person, both applicant and qualifying person/Parent/Guardian MUST initial and sign all certifications.***