

Lifeline Program Application

In Vermont, FairPoint Communications participates in the Lifeline Program which provides federal and state government assistance to qualified residential customers to reduce monthly qualified voice or internet service charges. To enroll in the Lifeline Program, you must meet all qualifications, complete all sections of this application and provide all documentation requested. FairPoint will confirm your eligibility for the Lifeline Program.

CUSTOMER INFORMATION

Name _____ Last 4 Digits of Your Social Security Number: _____

Telephone Number _____ Date of Birth (mm/dd/yyyy): _____ / _____ / _____
must be 18 or older

Service Address of Principal Residence (No Post Office Box):

Street: _____ Apt. _____

City: _____ State: _____ Zip Code _____

Billing Address, if different from service address (may include Post Office Box):

Street: _____ Apt. _____

City: _____ State: _____ Zip Code _____

Is this a temporary address? Yes

LIFELINE PROGRAM REQUIREMENTS

1. You must meet the "One-per-Household" Requirement.

- Only one person in a household can qualify to receive Lifeline Program benefits.
- A "household" is any individual or group of individuals who live together at the same address and share income and expenses.
- Only one qualified residential service in a household can receive Lifeline Program support.
- A household may not receive Lifeline benefits from multiple service providers.

_____ My initials here certify that I meet the one-per-household requirement. I understand that falsely certifying eligibility is a violation of the rules of the Federal Communications Commission and will result in my removal from the Lifeline Program and could result in criminal prosecution by the United States government.

Do you live at an address at which there are multiple households? Yes

If yes, you must complete a supplemental form from FairPoint to determine your eligibility.

2. You must meet program participation requirements or meet household income requirements.

I (or my dependent or other member of my household) receive(s) benefits from at least one of the programs listed below OR my household meets the income requirement below:

(Check the box for each category which applies.)

- | | |
|---|---|
| <input type="checkbox"/> Medicaid
<input type="checkbox"/> Supplemental Security Income
<input type="checkbox"/> Veterans and Survivors Pension Benefit | <input type="checkbox"/> 3SquaresVT
<input type="checkbox"/> Federal Public Housing (Section 8)
<input type="checkbox"/> Household Income at or below 135% of Federal Poverty Level
There are _____ people in my household. |
|---|---|

I **do not** receive benefits from a program listed above. The full name of my dependent or other member of my household who **does** receive benefits from a program listed above is:

Name: _____

Last 4 digits of Social Security Number: _____

Date of Birth (mm/dd/yyyy): _____ / _____ / _____

To complete your application:

- You must send proof of participation in **one** program you checked above, OR
- If you are eligible because of your household income, you must send proof of your qualifying household income.

See attached *Questions and Answers* to determine what documentation can be accepted.

3. You must acknowledge these critical notification obligations.

You have obligations if you receive Lifeline Program benefits. You must *initial* the statements below to acknowledge you understand your obligations:

_____ I will notify FairPoint within 30 days if I (or my dependent or other household member) no longer participate(s) in the federal programs identified in my application or if my household income exceeds 135% of the Federal Poverty Guidelines.

_____ I will notify FairPoint within 30 days if I or my household begins to receive more than one Lifeline Program benefit.

_____ I will notify FairPoint within 30 days if I no longer qualify for Lifeline support for any reason.

_____ **I understand these notification obligations and that I may be subject to penalties if I fail to provide this notice.**

4. You must certify the following statements. (You must read and *initial* all certifications below.)

I hereby certify under penalty of perjury that:

_____ I (or my dependent or other member of my household) currently receive(s) benefits from the federal program(s) identified above or my annual household income is at or below 135% of the Federal Poverty Guidelines.

_____ I acknowledge that my household can only receive one Lifeline Program benefit and to the best of my knowledge my household does not now receive Lifeline Program benefits.

_____ My household is not receiving a Lifeline Program benefit from more than one landline or wireless service provider.

_____ I agree not to transfer my Lifeline Program benefits to another person.

_____ I acknowledge that I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program as required will result in my removal from the Lifeline Program.

_____ I agree that FairPoint may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, and the last four digits of my Social Security Number, the telephone number to be associated with Lifeline Program benefits, the date on which Lifeline service is begun, the date on which Lifeline Program benefits end, the amount of support sought by FairPoint and the means through which I qualify for Lifeline Program benefits. I also agree FairPoint may request from the Administrator proof of my eligibility for the Lifeline Program if I seek to transfer my Lifeline Program discount from another provider. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits.

_____ FairPoint may continue to monitor my participation in the identified federal program(s) for continued eligibility for Lifeline Program benefits.

_____ I agree to allow FairPoint to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program.

_____ All of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge.

_____ I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment or being barred from the program.

LIFELINE PROGRAM ELIGIBLE SERVICES

If I am qualified to receive the Lifeline Program discount, please apply my discount to:

_____ My FairPoint voice telephone service (NOTE: Vermont state discount applies only to voice service)
Note: You cannot change your Lifeline service provider for 60 days following enrollment with FairPoint with a voice telephone Lifeline discount.

OR

_____ My qualified FairPoint internet service with a speed of 10/1 Mbps or higher (15/2 Mbps or higher as of December 1, 2017)
Note: You cannot change your Lifeline service provider for 12 months following enrollment with FairPoint with a qualified internet service Lifeline discount.
If you select this option and your internet service does not qualify for the Lifeline Program discount, the discount will be applied to your FairPoint voice telephone service.

Signature _____ Date _____

Mail your completed application and supporting documentation to:

**FairPoint Communications
Consumer Service Response Center
PO Box 11560
Portland, ME 04104**

Questions and Answers

Q. What documents can I provide to FairPoint to prove I (or my dependent or other member of my household) receive benefits from a listed federal program?

A. DO NOT SEND ORIGINAL DOCUMENTS. Copies of documents which FairPoint can accept as evidence of participation in a listed federal program are:

1. A current or prior year statement of benefits from a listed program
2. Notice letter of participation in a listed program
3. Other official document demonstrating that you, your dependent or your household receives benefits under a listed federal program

Q. What documents can I provide to FairPoint to prove my household income is equal to or less than 135% of Federal Poverty Guidelines?

A. DO NOT SEND ORIGINAL DOCUMENTS. To establish that you qualify for the Lifeline program because your **household** income is at or below 135% less of the Federal Poverty Level, you must submit the one of the documents listed below:

1. A prior year's state or federal tax return
2. A current income statement from employer or paycheck stub
3. A Social Security statement of benefits
4. A Veteran's Administration Statement of Benefits
5. A retirement/pension statement of benefits
6. A federal notice of participation in General Assistance
7. A divorce decree
8. A child support award, or
9. Other official document containing income information.

If the documentation of your household income does not cover a full year, you must provide the same type of documentation covering three consecutive months within the previous twelve months.

You must provide proof of *all* household income (both taxable and non taxable) for you and anyone in your household that is not a dependent.

Q. What are the Federal Poverty Guidelines?

A. The applicable 2017 Federal Poverty Income Guidelines are:

Persons in Household	135% of Federal Poverty Levels
1	\$16,281
2	\$21,924
3	\$27,567
4	\$33,210
5	\$38,853
6	\$44,496
7	\$50,139
8	\$55,782
	\$5,643/each add'l person

This information is regularly updated by the Federal Government.

Q. How do I transfer my Lifeline Program benefit to my qualified FairPoint service if the discount is now applied to service I have with another provider?

A. If you currently have your Lifeline Program benefit associated with service provided by another landline or wireless service provider and you wish to transfer that benefit to your FairPoint service, please call 1.866.984.2001 for additional information.

Q. If I have questions, what FairPoint office should I contact?

A. Please call 1.866.984.2001.

Lifeline Household Worksheet

Name _____
Street: _____
City: _____ State: _____ Zip Code _____
Telephone Number _____

Lifeline is a government program that provides a monthly discount on qualified home or mobile telephone or internet services. Only **one** Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple companies. Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you). The **adults** you live with are part of your economic unit if they contribute to and share in the income and expenses of the household. An **adult** is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household **expenses** include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). **Income** includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings. Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted service? (check no if you do not have a spouse or partner) _____YES _____NO
 - If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only **one** Lifeline discount is allowed per household.
 - If you checked **NO**, please answer question #2.
2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?
 - A. A parent _____YES _____NO
 - B. An adult son or daughter _____YES _____NO
 - C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.) _____YES _____NO
 - D. An adult roommate _____YES _____NO
 - E. Other _____YES _____NO
 - If you checked **NO** for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
 - If you checked **YES**, please answer question #3.
3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? _____YES _____NO
 - If you checked **NO**, then your address includes **more than one household**. Please initial lines A and B below, and sign and date the worksheet.
 - If you checked **YES**, then your address includes only **one household**.

Certification

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to FairPoint Communications along with your Lifeline application.

- A. _____ I certify that I live at an address occupied by multiple households.
- B. _____ I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature _____ Date _____