



What is Lifeline Telephone Service? Lifeline service is a federal government benefit intended to assist in making communications services affordable for all residential customers.

Who is eligible for Lifeline Discounts? In order to be eligible for the discount, the applicant must participate in one of five programs or be *Income Eligible*: Medicaid, Food Stamps (SNAP), Supplemental Security Income (SSI), Federal Public Housing Assistance, or Federal Veterans Affairs Pension m to receive Lifeline assistance.

How do I apply for the discount? Complete the application below and return it to Citizens with proof of eligibility as described in the application. ***Please complete all pages of the application.***

Do any restrictions apply? Please be aware that the Federal Lifeline Program will periodically confirm that your lifeline discount eligibility is still in effect. If you are no longer eligible, you will be notified that your discount will be discontinued. Also, only one discount is allowed per household* and only from one provider.

Service to be discounted Check one: ☐ Telephone: Telephone # requesting discount: (____) ____ - _____

☐ High Speed Internet

Name of Recipient: _____
(Please Print)

Physical Address: _____ Apt. #: _____

City: _____ State: ____ ZipCode: _____ Contact # : (____) ____ - _____

Recipient Social Security Number: _____ - _____ - _____

Recipient Date of Birth: _____ (MM/DD/YYYY) Account Holder Date of Birth: _____ (MM/DD/YYYY)

☐ Myself or a resident of my home receive assistance from at least one of the following programs (check all that apply to you). Please indicate if the benefit recipient is a household member other than yourself:

☐ Medicaid

☐ Food Stamps (SNAP)

☐ Supplemental Security Income (SSI)**

☐ Federal Public Housing Assistance**

☐ **Federal Veterans Affairs Veterans Pension or Survivor Pension****

☐ I am not participating in one of these programs but my household income is at or below 135% of the Federal Poverty Guidelines. See table on back page for more information.**

Please read and sign the following statement: I certify under penalty of perjury that the above information is correct. I understand that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. I authorize Citizens to access any records necessary to verify my eligibility for the Lifeline discount. I give permission for any agency to release information that will help verify my eligibility in these programs. I understand that if I am no longer eligible, my lifeline discount will be discontinued. I acknowledge and consent to Citizens providing my name, telephone #, and address to USAC (administrator of the Lifeline program) and/or its agents, for the purpose of verifying that I do not receive more than Lifeline benefit.

Date: _____

Signature of Recipient or Guardian

Important Notice:

You must prove your eligibility to one of these programs to subscribe to Lifeline. ****Documentation will be required for the following programs: Federal Veterans Affairs Pension, Federal Public Housing Assistance, Supplemental Security Income and the Income eligibility. Documentation requirements on page 2.** All others do not require documentation and we will verify participation in those programs through our office. **ALL FIELDS MUST BE COMPLETED.**

Accepted Documentation and Additional information about Eligibility:

- **Supplemental Security Income (SSI)** - Some states offer state supplements to the federal SSI program but receiving benefits from the state supplement (without receiving federal SSI benefits) does not qualify you for Lifeline discount.
 - Documentation required. All federal award letters should contain the following basic information:
 - Name of Program
 - Name of Beneficiary
 - Address of beneficiary
 - Date of the Award
 - Award amount
- **Public Housing Assistance (FPHA)** - Documentation required. There are two types of documentation that can prove receipt of benefits under FPHA. Please provide at least one of the ones listed below:
 - First, there is the award letter. The award letter must include:
 - Name of Program
 - Date of the Award
 - Name of Beneficiary
 - Award amount
 - You can also provide a Public Housing Assistance Lease Agreement.
- **Federal Veterans Affairs (VA) Veterans Pension or Survivors Pension** - Some states offer a veterans pension, however, only the Federal Veterans Pension (and Federal Survivors Pension) qualifies customers for the Lifeline benefit.
 - Documentation required. Please provide one of the following.
 - Pension Grant Letter: The letter shows the participant's name, address, a decision about their monthly entitlement amount and payment start date.
 - Cost of Living Adjustment (COLA) Letter: The letter shows a monthly/quarterly/semi-annual/annual payment rate and an effective date.
 - Survivors Benefit Summary Letter: Survivors receive this letter shortly after being approved for a pension. It includes the survivor's claim number, the related veteran's name, and monthly award amount.
- **Income Based Eligibility** - If you are using your household's income (at or below 135% of the federal poverty guidelines shown below) to prove your eligibility, bring proof of income such as:
 - Current income statement from an employer
 - Prior year's state, federal, or Tribal tax return
 - A Social Security statement of benefits
 - A Veterans Administration statement of benefits.
 - An Unemployment or Workers' Compensation statement of benefits
 - A retirement or pension statement of benefits
 - A divorce decree
 - A child support award
 - Other official document containing income information

Federal Poverty Guidelines

| Household Size | 48 Contiguous States and D.C. | Alaska | Hawaii |
|---------------------------------|-------------------------------|----------|----------|
| 1 | \$16,038 | \$20,034 | \$18,455 |
| 2 | \$21,627 | \$27,027 | \$24,881 |
| 3 | \$27,216 | \$34,020 | \$31,307 |
| 4 | \$32,805 | \$41,013 | \$37,733 |
| 5 | \$38,394 | \$48,006 | \$44,159 |
| 6 | \$43,983 | \$54,972 | \$50,585 |
| 7 | \$49,586 | \$61,992 | \$57,011 |
| 8 | \$55,202 | \$69,012 | \$63,464 |
| For each additional person, add | \$5,616 | \$7,020 | \$6,453 |



Lifeline Household Worksheet

Lifeline Program support is a federal benefit that provides a monthly discount on home phone (i.e., landline phone) or cell phone service. **Only one Lifeline Program-supported service per household** is allowed under Federal law. Answer the questions on the following page to determine if there is more than one household living at your address, and if your household already receives a Lifeline Program benefit.

Providing false information on this form may result in losing your Lifeline Program-supported service and possible criminal penalties.

Your household is everyone who lives together at your address and contributes to, or shares in, the income and expenses of the household. Household expenses include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. 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.

Members of a household are not permitted to receive more than one Lifeline Program-supported service. You are receiving a copy of this form because records indicate that more than one person at this address is receiving a Lifeline Program benefit. Each person at this address who receives a Lifeline Program benefit and has not yet completed and returned a household worksheet will receive a copy of this form, pre-populated with his/her name, address and telephone number.

If you DO NOT share income and expenses with the other adult(s) living at this address who receive Lifeline Program benefits, or there are no other adult(s) living at this address receiving Lifeline Program benefits, you **MUST STILL** sign this form to continue to receive your Lifeline Program benefit. If you fail to do so, you will be de-enrolled from your Lifeline Program benefit.

If you live with another adult(s) who shares income and expenses with you and who has a Lifeline Program benefit on his or her phone service, your household is receiving more than one Lifeline Program benefit. If so, you **MUST** take the following steps: (1) consult with the other adult(s) in your household currently receiving a Lifeline Program benefit and decide who will keep the Lifeline Program benefit for the household; and (2) the person who will keep the Lifeline Program benefit, AND ONLY THAT PERSON will fill out the form IN FULL and return it to his or her telephone service provider within 30 of days of the date of this communication. The telephone number listed on this form will be the number which will retain the Lifeline Program benefit.

If the PERSON IN YOUR HOUSEHOLD WHO WISHES TO KEEP THE LIFELINE PROGRAM BENEFIT FOR THE ENTIRE HOUSEHOLD HAS ALREADY PROVIDED a household worksheet to their service provider, then NO FURTHER ACTION IS NECESSARY. (The person named below does not need to sign and send this form to their Lifeline provider).

After 30 days of the date of this letter, all other subscribers at this address below who have not completed a household worksheet will NO LONGER have a Lifeline Program benefit.

Name _____ Telephone # _____

Address _____



Street

Apt.

City

State

Zip

1. Does your husband, wife, or domestic partner living at your address have a Lifeline Program-discounted phone service?

_____ No. Please answer question 2 below.

_____ Yes. If YOU are the person who will keep the Lifeline benefit, check **OPTION B** at the bottom and sign this Form. If you are not keeping your Lifeline benefit, DO NOT submit this form.



2. Does another adult (age 18 or older, or emancipated minor) live with you AND have a Lifeline Program-discounted phone service?

_____ No. Please check **OPTION A** below and SIGN THIS FORM.

_____ YES. Please answer question 3 below.



3. Do you share expenses for bills, food, or other living expenses AND share income with the person in question #2?

_____ No. Please check **OPTION C** below and SIGN THIS FORM.

_____ Yes. If YOU are the person who will keep the Lifeline Program benefit, check **OPTION B** at the bottom and sign this form. If you are not keeping your Lifeline benefit, DO NOT submit this form.

Please check the box below for the one that applies to you:

OPTION A. [] No one in my household, other than myself, is currently receiving a Lifeline Program benefit and therefore I may continue to receive a Lifeline Program benefit.

OPTION B. [] There are others in my household that are currently receiving a Lifeline Program benefit; by signing this form, I will be the only member of this household to continue to receive a Lifeline Program benefit.

OPTION C. [] There are other adults who reside at the above listed address who receive a Lifeline Program benefit but do not share income and expenses with me, therefore since I am the only member in my household receiving a Lifeline Program benefit, I may continue to receive that benefit.

I certify that the information provided above is true. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline Program benefits, and may be prosecuted by the United States government for violating the rules.

Signature _____ Date _____

Please return the signed form by mailing to Citizens Telephone Cooperative at PO Box 137, Floyd VA 24091 or in person at 220 Webbs Mill Rd N, Floyd VA 24091