



**APPLICATION FOR CHAMPLAIN TELEPHONE COMPANY
LIFELINE SERVICE
DISCOUNTED TELEPHONE & INTERNET INFORMATION**

QUESTIONS AND ANSWERS:

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 entitlement programs listed on the application 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 attached application and return it with proof of eligibility as described in the application to Champlain Telephone Company.

Do any restrictions apply?

Yes, restrictions do apply. The Lifeline discount is available for one line of voice and/or one broadband service per household (not both). For Lifeline purposes a household is defined as any individual or group of individuals who live together at the same address and share income and expenses. *(Note: Attachment A provides a questionnaire to determine household eligibility).* Applicants must be over 18 years of age, and cannot be claimed as a dependent on anyone's tax return

Champlain Telephone Lifeline Enrollment Form
PLEASE READ CAREFULLY AND FILL OUT COMPLETELY

(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: _____ Last 4 Digits of Social Security Number: _____

Telephone Number (if available): _____

Program Eligibility

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

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Federal Public Housing Assistance
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> National School Lunch Program's free lunch
<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)	<input type="checkbox"/> Veterans Disabilities Pension
<input type="checkbox"/> Temporary Assistance for Needy Families/Safety Net	<input type="checkbox"/> Supplemental Nutritional Assistance Program F/K/A food stamps
<input type="checkbox"/> Veterans Surviving Spouse Pension	

OR

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.

The Company is required by federal regulations to retain a copy of all documentation used to support your application.

I would like to use my Lifeline Discount on the following services that I subscribe to at Champlain Telephone Company (please choose one):

Voice Only

Bundled Service

Broadband Only

Once I sign up for discounts with one provider, I cannot receive Lifeline benefits from another provider for a period of time. I understand that if I purchase voice services that qualify for Lifeline discounts, I cannot move my benefits to another provider for 60 days. If I have broadband products that qualify for Lifeline discounts, I cannot move my benefits to another provider for 12 months.

Champlain Telephone Lifeline Enrollment Form
BY SIGNING BELOW, YOU CERTIFY TO THE INITIALED STATEMENTS

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. By initialing each line and signing below, I certify, under penalty of perjury, that the information contained within this certification form is true and correct to the best of my knowledge.*

- _____ * 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 meet the income-based or program-based eligibility criteria for receiving Lifeline, as described in the program eligibility section on page 1 of this application.
- _____ * I hereby certify that, to the best of my knowledge, 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 is punishable by law 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 Champlain 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 will notify Champlain Telephone Company within 30 days if for any reason I am no longer satisfying the criteria for receiving Lifeline including, as relevant, I am no longer meeting the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit.
- _____ * 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.
- _____ * I acknowledge that each year, I must re-certify my continued eligibility in the Lifeline program. If I do not return the re-certification as indicated by Champlain Telephone Company in my recertification notice, 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.

Lifeline is a federal benefit that makes monthly telephone and broadband service more affordable for eligible households. Your household may receive the Lifeline benefit for telephone service OR broadband service, but not both. For Lifeline telephone service, your household may receive the benefit for one mobile OR one fixed home telephone service, but not both. For Lifeline broadband service, your household may receive the Lifeline benefit for one mobile broadband OR one fixed home broadband service, but not both. Your household may not receive the Lifeline benefit from more than one service provider. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income or expenses. Lifeline is a non-transferable benefit. You may not transfer your Lifeline benefit to another person, even if he or she is eligible. You will lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive the Lifeline benefit.

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.

For Company use only

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.)