



**The
Middleburgh
Telephone
Company**
ESTABLISHED
INDEPENDENT 1897

Business Office PO Box 191, Middleburgh, New York 12122-0191

LIFELINE DISCOUNT RECERTIFICATION APPLICATION

New Changes to the FCC/New York State Lifeline Discount Program

What has changed?

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

Customers that continue to 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.

Who is eligible for Lifeline Discounts? (Changes have been made!)

In order to be eligible for the discount, the applicant must continue to 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).

Do I need to re-apply each year?

No, but this year we will need all subscribers that are currently receiving the Lifeline benefit to provide us with documentation showing that they are a recipient of one of the below entitlement program or that they meet the income guidelines. In addition, all of our Lifeline discount recipients must certify each year that they continue to meet all of the requirements, including that they receive only one Lifeline discount for their household.

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. If qualifying person is under 18, both the applicant and the parent of guardian of the qualifying minor **MUST** review and agree to all of the terms of the program.

Please be aware that your telephone company 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.

(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) Federal Public Housing Assistance

Low Income Home Energy Assistance Program (LIHEAP) National School Lunch Program's free lunch program

Temporary Assistance for Needy Families/Safety Net Veterans Disabilities Pension

Veterans Surviving Spouse 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 Middleburgh 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 Middleburgh 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 Middleburgh 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.

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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.