



Lifeline Program Application

If you would like to apply to receive a Lifeline Program benefit, please complete and return this form with any required documentation to Burlington Telecom Customer Service.

Section 1: Subscriber Information

First Name:		Last Name:	
Date of Birth:	Last 4-digits of SSN:	Phone Number:	
Address of Primary Residence (no P.O. Box):			Apt #:
City:	State:	Zip:	

Billing Address, if different from service address (may include P.O. Box)

Street Address:		Apt #:
City:	State:	Zip:

Section 2: Eligibility for Lifeline

Complete this section to indicate that you, a dependent, or a household* member receives benefits from at least one qualifying federal program or qualifies through income requirements.

*A household is any individuals who live together at the same address and share income and expenses.

Complete this section if you qualify through a program

Check all programs you/your household participates in:

- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Medicaid
- Federal Public Housing Assistance
- Veterans Pension and Survivors Benefit Programs
- Reach Up*
- Fuel Assistance*

*Starting November 1, 2017, you'll no longer be able to use Reach Up or Fuel Assistance to qualify for Lifeline.

Complete this section if you qualify through income

My household income is at or below the amount listed for my state and household size on the chart below. Including myself, my household size is:

Household Size	Income
1	\$16,281
2	\$21,924
3	\$27,567
4	\$33,210
5	\$38,853
6	\$44,496
7	\$50,139
8	\$55,782
Each additional member add:	\$5,643

or

Required Documentation to Qualify Through Income

Acceptable documents of income eligibility include the prior year's state or federal tax return, current income statement from an employer or paycheck stub, a Social Security statement of benefits, a Veterans Administration statement of benefits, an Unemployment/Workmen's Compensation statement of benefits, a federal letter of participation in General Assistance, a divorce decree, child support or other official document. If presenting documentation of income that does not cover a full year, such as current pay stubs, the applicant must present three consecutive months' worth of the same types of document within that calendar year.

If you need interpretation services...

(Arabic) 1-802-540-0007 إذا كنت ترغب خدمات الترجمة الفورية اتصل برقم

Ako su Vam potrebne usluge tumačenja, pozovite 1-802-540-0007 (Bosnian)

သငှ်သညှအနကျဖှုငှ်ဆောင်မုများလိုအပ်ခဲ့လျှင်, 1-802-540-0007 ကိုခေါ် (Burmese)

Si vous avez besoin de services d'interprétation, appelez le 1-802-540-0007 (French)

Mugihe woba ushaka impfashanyo yo gusigurirwa, hamagara uyu murungo 1-802-540-0007 (Kirundi)

तपाईं व्याख्या सेवाहरू आवश्यक छ भने, कल 1-802-540-0007 (Nepali)

Haddii aad u baahan tahay adeegyo turjumaan, wac 1-802-540-0007 (Somali)

Si usted necesita servicios de interpretación, llame al 1-802-540-0007 (Spanish)

Ikiwa unahitaji huduma za ukalimani, piga simu 1-802-540-0007 (Swahili)

Nếu quý vị cần dịch vụ thông ngôn, hãy gọi 1-802-540-0007 (Vietnamese)

Section 3: Required Certifications

Initials Required

I hereby certify under penalty of perjury that:

1. I understand that I must notify my service provider within 30 days (1) of my new address if I move or (2) if for any reason, I no longer satisfy the criteria for receiving Lifeline benefits including: (a) I, or the eligible person in my household, no longer meet the program or income eligibility criteria or (b) my household receives more than one Lifeline discounted service (i.e., more than one Lifeline broadband service, more than one Lifeline telephone service or both Lifeline telephone and Lifeline broadband services).

2. I understand that if I have provided a temporary address, I am required to verify my temporary residential address every 90 days.

3. I acknowledge that my household can only receive one Lifeline Program benefit and, to the best of my knowledge, my household is not receiving more than one Lifeline Program benefit (i.e., only receiving a benefit for one home phone service or for one mobile phone service, but not both).

4. I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, my phone number, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit. 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.

5. All of my responses and acknowledgements provided on this recertification form are true and correct to the best of my knowledge.

6. 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.

7. I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program will result in my removal from the Lifeline Program and termination of my Lifeline benefit.

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 Lifeline 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 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 and 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.

The State of Vermont will notify Burlington Telecom directly if you are eligible to receive Lifeline Program benefits and a discount of \$9.25 will be applied to your bill.

Application's Declaration & Signature

You MUST sign below. Unsigned applications will be returned for signature.

If prepared by a person other than the applicant, this declaration further provides that under 32 V.S.A. §5901 this information has not been and will not be used for any other purpose, or made available to any other person other than for the preparation of this application unless a separate valid consent form is signed by the applicant and retained by the preparer.

Print Account Holder's Name: _____

Account Holder's Signature: _____ Date: _____

Mail or deliver your completed form and any required supporting document to:
 Burlington Telecom
 ATTN: Lifeline Program
 200 Church Street, Suite 200
 Burlington, VT 05401