

LIFELINE SERVICE AVAILABLE FOR CARR CUSTOMERS

Since 1985, Lifeline has helped millions of Americans connect to what's important – family, work, doctors, and emergency services – by making telephone service more affordable for qualified families.

Lifeline is a federal program that provides a monthly \$9.25 discount on telephone service to qualified households. You may qualify for Lifeline if your total household income is at or below 135% of the federal poverty guidelines; or if you, your dependent or your household receives one of the following:

- Federal Public Housing Assistance or Section 8
- Low Income Home Energy Assistance Program (LIHEAP)
- Medicaid
- National School Lunch free lunch program
- Supplemental Nutrition Assistance Program (formerly Food Stamps)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)

Lifeline is available on one telephone line per household. If you or someone in your household has Lifeline on a wireless phone, then you cannot get it on your home phone too. You may not transfer your Lifeline discount to another person, even if he or she qualifies for Lifeline.

If you believe you qualify for Lifeline, stop by our office and fill out an application form or fill out the Lifeline Application on the **next** page. You may email this application with the necessary documents to telcobilling@carrinter.net or fax to 231-898-3900 or mail to Carr Telephone Company at 4325 S. Masten Rd, Branch, MI 49402.

More information can be found here: <http://telecommich.org/lifeline/>.

You have the option of blocking outgoing long distance toll calls free of charge. If you elect this option, you will not be charged a service deposit to initiate Lifeline service.

**Michigan Lifeline Administration Service
LIFELINE APPLICATION**

Eligible customers will receive \$11.25 off their monthly phone bill
and seniors aged 65 and older can receive additional discounts.

TOLL FREE 1-866-321-2323

To apply for Lifeline Service, complete the application below and send it to:
Lifeline Administration Service

PO Box 11037, Lansing, Michigan 48901 OR fax to 517-482-3548

IDENTIFICATION INFORMATION (PLEASE PRINT)

| | | | |
|---------------------------|--|------------------------|--|
| Applicant's phone number: | | Name of phone company: | |
| Date of Birth: | Last 4-digits of Social Security Number: | | |
| Last Name: | First Name: | M.I.: | |
| Street: | | | |

Residential street address only; FCC regulations prohibit the use of P.O. Boxes for the Lifeline program

| | | |
|--|--------|--|
| City: | State: | ZIP Code: |
| This is my permanent address: Yes <input type="checkbox"/> No <input type="checkbox"/> | | This is a rural address with no postal route: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Billing Address, City, State and Zip Code (if different from Service Address) | | |

| | | |
|---|------------------------------|-----------------------------|
| There are multiple unique households (e.g. nursing home, assisted living facility) at my address, as defined in this program. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

PROGRAM QUALIFICATION INFORMATION

To be eligible for Lifeline discounts, regulations require you to qualify via one of the two methods below. Please fill out one section only.

Method 1. My income is within the guidelines and I am providing the following photocopies that document my total household income, which is stated below. Please check all that apply.

TOTAL MONTHLY INCOME: \$ **NUMBER OF HOUSEHOLD MEMBERS:**

| # of Household Members | Gross Monthly Income | Gross Annual Income* |
|------------------------|----------------------|----------------------|
| 1 | \$1,485 | \$17,820 |
| 2 | \$2,003 | \$24,030 |
| 3 | \$2,520 | \$30,240 |
| 4 | \$3,038 | \$36,450 |

*Add \$6,240 (\$520 monthly) for each additional household member.

| | |
|---|---|
| <input type="checkbox"/> Prior year's state or federal tax return. | <input type="checkbox"/> Current Annual Income Statement from Employer |
| <input type="checkbox"/> Social Security statement of benefits | <input type="checkbox"/> Paycheck stubs or other official document containing income information for any 3 consecutive months within last 12 months |
| <input type="checkbox"/> Retirement/pension statement of benefits | <input type="checkbox"/> Veterans Administration statement of benefits |
| <input type="checkbox"/> Unemployment/Worker's Compensation Statement of Benefits | <input type="checkbox"/> Divorce decree or child support document containing income information |

Method 2. I, or the member of my household named below, receives assistance from one of the listed programs. I am providing documentation of participation in the checked program.

Name: _____

| | |
|---|---|
| <input type="checkbox"/> Food stamps | <input type="checkbox"/> Federal Public Housing Assistance or Section 8 |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> National School Lunch – Free Lunch Program |
| <input type="checkbox"/> Low-Income Home Energy Plan (LIHEAP) | |

LIFELINE ADMINISTRATION SERVICE PROCESSES APPLICATIONS FOR THE FOLLOWING COMPANIES

| | | |
|----------------------------------|-----------------------------------|------------------------------------|
| AcenTek | Climax Telephone Company | Springport Telephone Company |
| Allband Communications Coop. | Deerfield Farmers' Telephone Co. | TDS Telecom |
| Baraga Telephone Company | Hiawatha Telephone Company | Thumb Cellular |
| Barry County Telephone Company | Kaleva Telephone Company | Upper Peninsula Telephone Company |
| Blanchard Telephone Company | Lennon Telephone Company | Waldron Telephone Company |
| Bloomington Communications | Michigan Central Broadband Co. | Westphalia Broadband, Inc./Comlink |
| Carr Telephone Company | Midway Telephone Company | Westphalia Telephone Company |
| CenturyLink of Michigan | Ogden Communications | Winn Telecom |
| CenturyLink of Midwest Michigan | Ontonagon County Telephone Co. | Winn Telephone Company |
| CenturyLink of Northern Michigan | Pigeon Telephone Company | |
| CenturyLink of Upper Michigan | Sand Creek Telephone Company | |
| Chapin Telephone Company | Southwest Michigan Communications | |

For more information, please call 1-866-321-2323.

If your phone company is not on the list above, please contact them directly to apply for Lifeline discounts.

APPLICANT ACKNOWLEDGEMENTS

PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS TO INDICATE THAT YOU UNDERSTAND AND AGREE:

- ___ I understand and consent to Lifeline Administration Service providing my Lifeline service account information, including but not limited to, my name, residential address, phone number, date of birth, the last 4 digits of my social security number, the date on which my Lifeline service was initiated/terminated, the amount of Lifeline support provided, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, Lifeline Administration Service will deny me Lifeline service.
- ___ Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.
- ___ Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- ___ Lifeline support is only available for a single phone line at my principal residence and no one else in my household is receiving Lifeline discounts. (A "household" is defined as any individual or group of individuals who live together at the same address and share income and expenses.)
- ___ Violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.
- ___ I understand that if I am identified as receiving more than one Lifeline benefit, all telephone service providers involved may be notified so that I may select one service and be de-enrolled from the other(s).
- ___ I will notify my telephone company within 30 days if I no longer qualify for Lifeline and I may be subject to penalties if I fail to do so.
- ___ I will notify my telephone company within 30 days of any changes to my residential address.
- ___ I will be required to certify my continued eligibility for Lifeline at least once a year and know failure to do so will result in termination of my participation in the program.

APPLICANT SIGNATURE

I certify, under penalty of perjury, that the information provided in this application and supporting documentation is true and complete.

Signature: _____

Date: _____

REVISED 2/2016

**Lifeline Administrative Service
Lifeline Household Worksheet**

| | |
|------------------|--|
| Name | |
| Address | |
| | |
| | |
| Telephone Number | |

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone 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 phone? (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 D. An adult roommate YES NO

B. An adult son or daughter YES NO E. Other YES NO

C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.) 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. You may not sign up for Lifeline because someone in your household already receives Lifeline.

CERTIFICATION

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to _____ [insert company or agency name] 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 _____