



3. You must acknowledge these critical notification obligations.

You have obligations if you receive Lifeline Program benefits. You must *initial* the statements below to acknowledge you understand your obligations:

- I will notify FairPoint within 30 days if I (or my dependent or other household member) no longer participate(s) in the federal programs identified in my application or if my household income exceeds to 135% of the Federal Poverty Guidelines.
- I will notify FairPoint within 30 days if I or my household begins to receive more than one Lifeline Program benefit.
- I will notify FairPoint within 30 days if I no longer qualify for Lifeline support for any reason.
- I understand these notification obligations and that I may be subject to penalties if I fail to provide this notice.

4. You must certify the following statements. (You must read and *initial* all certifications below.)

I hereby certify under penalty of perjury that:

- I (or my dependent or other member of my household) currently receive(s) benefits from the program(s) identified above or my annual household income is at or below 135% of the Federal Poverty Guidelines.
- I acknowledge that my household can only receive one Lifeline Program benefit and to the best of my knowledge my household does not now receive Lifeline Program benefits.
- My household is not receiving a Lifeline Program benefit from more than one landline or wireless service provider.
- I agree not to transfer my Lifeline Program benefits to another person.
- I certify I am an eligible resident of Tribal lands.  
For this certification, Tribal lands include any federally recognized Indian tribe's reservation, pueblo, or colony, Indian allotments and any land designated by the Federal Communications Commission for purposes of the Lifeline Program.
- I acknowledge that I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program as required will result in my removal from the Lifeline Program.
- I agree that FairPoint may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, and the last four digits of my Social Security Number or Tribal Identification number, the telephone number to be associated with Lifeline Program benefits, the date on which Lifeline service is begun, the date on which Lifeline Program benefits end, the amount of support sought by FairPoint and the means through which I qualify for Lifeline Program benefits. 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.
- FairPoint may continue to monitor my participation in the identified program(s) for continued eligibility for Lifeline Program benefits.
- I agree to allow FairPoint to exchange any necessary information with the appropriate state or federal agency to verify my eligibility to participate in the Lifeline Program.
- All of my responses and acknowledgements provided on this application are true and correct to the best of my knowledge.
- 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail your completed application and supporting documentation to:

FairPoint Communications  
Consumer Service Response Center  
PO Box 11560  
Portland, ME 04104

## Questions and Answers

**Q. What documents can I provide to FairPoint to prove I (or my dependent or other member of my household) receive benefits from a listed federal program?**

- A. DO NOT SEND ORIGINAL DOCUMENTS.** Copies of documents which FairPoint can accept as evidence of participation in a listed federal program are:
1. A current or prior year statement of benefits from a listed program
  2. Notice letter of participation in a listed program
  3. Program participation document (for example, a copy of a SNAP electronic benefit transfer card or Medicaid participation card)
  4. Other official document demonstrating that you, your dependent or your household receives benefits under a listed federal program

**Q. What documents can I provide to FairPoint to prove my household income is equal to or less than 135% of Federal Poverty Guidelines?**

- A. DO NOT SEND ORIGINAL DOCUMENTS.** To establish that you qualify for the Lifeline program because your household income is at or below 135% less of the Federal Poverty Level, you must submit the one of the documents listed below:
1. A prior year's state or federal tax return
  2. A current income statement from employer or paycheck stub
  3. A Social Security statement of benefits
  4. A Veteran's Administration Statement of Benefits
  5. A retirement/pension statement of benefits
  6. A federal notice of participation in General Assistance
  7. A divorce decree
  8. A child support award, or
  9. Other official document containing income information.

If the documentation of your household income does not cover a full year, you must provide the same type of documentation covering three consecutive months within the previous twelve months.

You must provide proof of *all* household income (both taxable and non taxable) for you and anyone in your household that is not a dependent.

**Q. What are the Federal Poverty Guidelines?**

**A. The applicable 2014 Federal Poverty Income Guidelines are:**

Persons In Household	2014 Federal Poverty Levels	135% of Federal Poverty Levels
1	\$11,670	\$15,754.50
2	\$15,730	\$21,235.50
3	\$19,790	\$26,716.59
4	\$23,850	\$32,197.50
5	\$27,910	\$37,678.50
6	\$31,970	\$48,159.50
7	\$36,030	\$48,640.50
8	\$40,090	\$54,121.50
	\$4,060/each add'l person	\$5,481/each add'l person

This information is regularly updated by the Federal Government.

**Q. How do I transfer my Lifeline Program benefit to my qualified FairPoint telephone service if the discount is now applied to telephone service I have with another telephone provider?**

**A.** If you currently have your Lifeline Program benefit associated with telephone service provided by another landline or wireless service provider and you wish to transfer that benefit to your FairPoint telephone service, please call 1.866.984.2001 for additional information.

**Q. If I have questions, what FairPoint office should I contact?**

**A. Please call 1.866.984.2001.**

FCC FORM 481

Line 1010 – Voice Service Rate Comparability

The pricing of the company's voice service rate is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice, FCC DA15-470 released on April 16, 2015.

For Rates See Attachment: (700) Company Price Offerings (voice)

Form 481 Line 1210- Terms & Conditions for Lifeline Customers

Northern New England Telephone Company Operations LLC, provides a Lifeline Program discount in Maine for residence service for eligible low income customers and for eligible customers who are residents of Tribal lands. The Lifeline Program discount is applied to any month to month residence local service, package or bundle offering. The discount is intended to offset the Subscriber Line Charge and local line charge, although eligible packages and bundles may have toll calling included in the pricing for the offering.

The Catalog pages outlining the terms of the Lifeline Program in Northern New England Telephone Company Operations LLC, are attached. The terms and conditions of residential basic local exchange service, package and bundle offerings can be found at <http://www.tariffs.net/fairpoint/ter.asp?cid=1644>.

Form 481 Line 1210- Terms & Conditions for Lifeline Customers

ME Catalog

Exchange and Network Services  
Part A Section 1  
Page 18  
First Revision  
Canceling Original

Northern New England Telephone Operations LLC  
d/b/a FairPoint Communications – NNE

1. Schedule Information and General Regulations

1.6 Customer Assistance Programs

1.6.1	Lifeline and Native American Lifeline	(N)
A.	The Company shall provide Lifeline service as defined in 47 C.F.R § 54.401 (a) on a non-discriminatory basis to all qualifying low-income customers. The Company's Lifeline service offering shall comply with all applicable federal and state laws, including, but not limited to 47 C.F.R. Part 64, Subpart E; the FCC's Lifeline reform order (Report and Order released February 6, 2012, WC Docket No. 11-42, et.al) and any subsequent clarifying orders.	(N)

*Michael T. Skivan*  
Michael T. Skivan  
Vice President - Regulatory

**Please complete the statement below:**

The total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations is:

Year 1

[REDACTED]

Year 2

Year 3





**RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986**

**Block 1 - Contact Information**

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	105111
2	Carrier Study Area Name	alpha characters	Northern New England Telephone Operations LLC (ME)
3	Service Provider Identification Number	9 numeric digits	143032501
4	Residential Local Service Charge Effective Date	mm/dd/yyyy	6/1/2015
5	Contact Name	alpha characters	Barbara Galardo
6	Contact Telephone Number (include area code)	9 numeric digits	2075354126
7	Sheet number	numeric digit(s)	1
8	Total Number of Sheets	numeric digit(s)	1

**Block 2 - Residential Local Service Rates, Fees, and Line Counts**

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9	\$ 18.99				
10	\$ 16.69				
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Rate Floor

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

**Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier See Attached Listing

Signature of authorized officer

*M. Michael T. Skrivan*

Date

*June 23, 2015*

Printed name of authorized officer Michael T. Skrivan

Title or position of authorized officer Vice President of Regulatory

Telephone number of authorized officer: ( 207) 535 - 4150

Study Area Code of Reporting Carrier

See Attached List

Filing Due Date for this form  
(mm/dd/yyyy)

7/1/2015