

135 percent of federal poverty guidelines

(As of May 2012)

Number of people living in home	Household Income (at or below)
1	\$15,080
2	\$20,426
3	\$25,772
4	\$31,118
5	\$36,464
6	\$41,810
7	\$47,156
8	\$52,502
* For each additional person	Add \$5,346

REDACTED FOR PUBLIC INSPECTION

Application Checklist

Please provide the following information:

1. A signed and completed Lifeline assistance certification form.
2. A copy of one of the following if applying based on the size and income level of a customer's household:

- Last year's federal or state income tax return
- Current annual income statement from employer
- Paycheck stubs for most recent three consecutive months
- Social Security statement of benefits
- Veteran's Administration statement of benefits
- Retirement or pension statement of benefits
- Unemployment or worker's compensation statement of benefits
- Letter of participation in general assistance
- Divorce decree or child support documentation

3. Supporting documentation of program-based eligibility if applying based on participation in any programs listed on the back of this brochure, if requested by your telecommunications provider.

Acceptable documentation of program eligibility includes the current or prior year's statement of benefits from a qualifying assistance program, a notice, letter or documents of participation in a qualifying assistance program, or another official document demonstrating that you, or one or more of your dependents, or your household receives benefits from a qualifying assistance program. **These documents will not be kept or stored by the local telecommunications provider.**

For questions, please call your local telecommunications provider.





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	<input type="checkbox"/> YES <input type="checkbox"/> NO	D. An adult roommate	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. An adult son or daughter	<input type="checkbox"/> YES <input type="checkbox"/> NO	E. Other _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> 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 _____



LIFELINE ASSISTANCE APPLICATION FORM

BIT USE ONLY: NEW CUSTOMER ANNUAL RE-CERTIFICATION

Name: _____
 (First) (Middle) (Last)

Physical Address: _____
 (Street) (City) (Apt) (State) (Zip)
Cannot be a PO Box

The address listed above is my Permanent Temporary residence.

Billing Address: _____
 (Street) (City) (Apt) (State) (Zip)

Date of Birth: _____ Last (4) digits of your Social Security Number _____

I, or a member of my household, currently receive Lifeline at the above physical address: Yes No

ELIGIBILITY FOR LIFELINE ASSISTANCE

NEW CUSTOMERS - If you qualify based on participation in one of the public assistance programs listed below, you must provide a copy of documentation demonstrating your participation in the program.

EXISTING LIFELINE CUSTOMERS - If you are recertifying your eligibility you do not need to provide these documents.

I am, or my dependant(s) or a member of my household are, currently receiving benefits from one of the following public assistance program(s):

- Food Stamps/Supplemental Nutrition Assistance Program (SNAP)
- Medicaid (not Medicare)
- Federal Public Housing Assistance (including Section 8)
- National School Lunch Program's free lunch program
(must qualify for free lunch)
- Low Income Home Energy Assistance (LIHEAP)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)

OR

My total household income is at or below 135% of the Federal Poverty Guidelines.

If you qualify based on total household income, you must provide copies of one of the documents below:

- Prior year's State, Federal or Tribal Tax Return Statements
- Retirement/Pension Benefit
- Social Security Benefits Statements Documents
- Divorce Decree or Child Support
- Veterans Administration Benefits Statements Benefits Statements
- Unemployment/Workers Compensation
- Current Income Statements from Employer or Paycheck Stubs

If you provide documentation that does not cover a full year (such as current paycheck stubs), you must submit three (3) consecutive months' worth of the same type of document from the previous twelve months.



LIFELINE ASSISTANCE APPLICATION FORM

APPLICANT CERTIFICATION AND AGREEMENT

Lifeline is a federal benefit and willfully making false statements to obtain Lifeline can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline is non-transferable and you may not transfer this discount to any other person. Only one Lifeline discount is available per household and a household is not permitted to receive Lifeline from multiple providers. A household is defined, for purposes of the Lifeline program, 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 de-enrollment from the program and could result in criminal prosecution.

EACH OF THE FOLLOWING CERTIFICATIONS MUST BE INITIALED IN ORDER TO RECEIVE LIFELINE. I CERTIFY UNDER PENALTY OF PERJURY:

That I meet the income-based or program-based eligibility criteria for receiving Lifeline. **CUSTOMER INITIALS** ____

That I will notify Buggs Island Telephone within 30 days if I no longer meet the income-based or program-based criteria for receiving Lifeline, if I, or another member of my household is receiving Lifeline, or if for any reason I no longer satisfy the criteria for receiving Lifeline. **CUSTOMER INITIALS** ____

That if I move to a new address I will provide my new residential address to Buggs Island Telephone within 30 days. **CUSTOMER INITIALS** ____

That my household will receive only one Lifeline discount and, to the best of my knowledge, my household is not already receiving a Lifeline discount. **CUSTOMER INITIALS** ____

That the information contained in this certification form is true and correct to the best of my knowledge. **CUSTOMER INITIALS** ____

That I acknowledge that providing false or fraudulent information to receive Lifeline is punishable by law and may subject me to fines, imprisonment or being barred from the program. **CUSTOMER INITIALS** ____

That I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and that failure to do so within 30 days will result in termination of my Lifeline discount. **CUSTOMER INITIALS** ____

I provide my consent for Buggs Island Telephone Cooperative to send the information below to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline discount. If USAC determines that I am receiving more than one Lifeline discount then all Lifeline providers involved may be notified so that I may select one Lifeline provider and be de-enrolled from the other. I understand that if I fail to provide consent, I will be denied Lifeline.

- My full name
- My full physical address
- My date of birth
- The amount of my Lifeline discount
- The date on which Lifeline service was terminated, if it has been terminated
- The last four digits of my social security number
- My telephone number associated with Lifeline service
- The date on which Lifeline service was initiated
- The means through which I qualified for Lifeline

CUSTOMER INITIALS ____



LIFELINE ASSISTANCE APPLICATION FORM

I authorize Buggs Island Telephone Cooperative or its authorized representatives to access any records (including financial records) required to verify my statements herein, and to obtain and use my credit as necessary to set up an account, although credit history will not impact eligibility for Lifeline. I authorize social service agency representatives to provide information to Buggs Island Telephone Cooperative verifying my eligibility for, or participation in, a qualifying public assistance program. I authorize Buggs Island Telephone Cooperative to release any records (including financial records) required for the administration of the Lifeline program.

I understand the terms of the Buggs Island Telephone Cooperative Lifeline plans and authorize Buggs Island Telephone Cooperative to make any changes necessary to my account in order to activate or implement the Buggs Island Telephone Cooperative Lifeline discount.

I agree to the current Buggs Island Telephone Cooperative customer agreement, including the plan, and other terms and conditions for services and selected features I have agreed to purchase, and which have been presented to me by the sales representative, and which I had the opportunity to review. I understand that I am agreeing to limitations of liability for service and equipment, settlement of disputes by arbitration and other means instead of jury trials and other important terms in the customer agreement.

TWO FORMS OF IDENTIFICATION WILL BE REQUIRED TO PROCESS YOUR APPLICATION (ONE PRIMARY, ONE SUPPLEMENTAL): (New Customers Only)

Primary ID (State issued Driver's License or ID, U.S. Passport, Tribal Card, Resident Alien Card, U.S. Visa, etc.) Supplemental ID (Public Utility Bill, Credit Card Bill, Computerized Paycheck Stub, Social Security Card, Voter Registration Card, Vehicle Registration Card, Bank Statement, County ID, etc.)

Signature: _____ **Date:** _____

LIFELINE ASSISTANCE

- Qualifying customers will save \$9.25 per month off of the monthly access for Lifeline.
- If you choose to include a Free Toll Block with your service, you will not be required to pay a security deposit.
- If you choose to not include a Free Toll Block with your service, you will be required to pay a minimum \$50.00 security deposit.
- Your first bill will include one full month's access charge in advance and a portion of the current month's access charge which is calculated based on the activation date. Your Lifeline discount will also be applied accordingly.
- The Lifeline discount is limited to a single line of service. You may not apply for multiple Lifeline discounts and must choose to apply your Lifeline discount to either a landline or wireless number, but not both. Please note that other service providers may use terms other than "Lifeline" to describe the Lifeline program. By signing this application, you are certifying, under penalty of perjury, that you will comply with this requirement. Lifeline is only available to a subscriber whose residential address is located within Buggs Island Telephone Cooperative Lifeline service area. Lifeline may not be applied retroactively.
- You must pay all sales, excise and other taxes and governmental surcharges and fees that we are required by law to bill customers. These taxes, surcharges and fees may change from time to time without notice. However, Lifeline subscribers will not be assessed a Federal Universal Service Fund or Regulatory charge.
- Other restrictions may apply.

This form can be mailed, faxed or emailed to : Buggs Island Telephone Cooperative
 Lifeline Program
 P O Box 129
 Bracey, VA 23919
 Fax: 434-636-1211 Email: lifeline@bitbroadband.com

If you have any questions, call 434-636-2274

<p>BIT Office Use Only: Verification Documentation Provided: _____ Expiration Date: _____ Method: <input type="checkbox"/> Walk In <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Employee: _____</p>
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BUGGS ISLAND TELEPHONE COOPERATIVE (SAC 190219)

ATTACHMENT - LINE 3017

ATTACHMENT REDACTED IN ENTIRETY