

New Hope Telephone Cooperative, Inc.
Lifeline Household Worksheet

Lifeline Program support is a federal benefit that provides a monthly discount on home phone (i.e., landline phone), cell phone or broadband Internet access service. **Only one Lifeline Program-supported service per household** is allowed under Federal law. Answer the questions on the following page to determine if there is more than one household living at your address, and if your household already receives a Lifeline Program benefit.

Providing false information on this form may result in losing your Lifeline Program-supported service and possible criminal penalties.

Your household is everyone who lives together at your address and contributes to, or shares in, the income and expenses of the household. Household expenses include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. Income means gross income as defined under Section 61 of the Internal Revenue Code, 26 U.S.C. § 61, for all members of the household. This means all income actually received by all members of the household from whatever source derived, unless specifically excluded by the Internal Revenue Code, Part III of Title 26, 26 U.S.C. § 101, *et seq.*

Members of a household are not permitted to receive more than one Lifeline Program-supported service. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

If you DO NOT share income and expenses with the other adult(s) living at this address who receive Lifeline Program benefits, or there are no other adult(s) living at this address receiving Lifeline Program benefits, you **MUST STILL** sign this form to continue to receive your Lifeline Program benefit. If you fail to do so, you will be de-enrolled from your Lifeline Program benefit.

If you live with another adult(s) who shares income and expenses with you and who has a Lifeline Program benefit on his or her phone or Internet access service, your household is receiving more than one Lifeline Program benefit. If so, you **MUST** take the following steps: (1) consult with the other adult(s) in your household currently receiving a Lifeline Program benefit and decide who will keep the Lifeline Program benefit for the household; and (2) the person who will keep the Lifeline Program benefit, **AND ONLY THAT PERSON** will fill out the form IN FULL and return it to his or her telephone service provider. The telephone number listed on this form will be the number which will retain the Lifeline Program benefit.

If the PERSON IN YOUR HOUSEHOLD WHO WISHES TO KEEP THE LIFELINE PROGRAM BENEFIT FOR THE ENTIRE HOUSEHOLD HAS ALREADY PROVIDED a household worksheet to their service provider, then NO FURTHER ACTION IS NECESSARY.

After 30 days of the date of this letter, all other subscribers at this address below who have not completed a household worksheet will NO LONGER have a Lifeline Program benefit.

Name _____ Telephone Number _____

Address _____
Street Apt. City State Zip

1. Does your husband, wife, or domestic partner living at your address have a Lifeline Program-discounted service?

No. Please answer question 2 below.

Yes. If **YOU** are the person who will keep the Lifeline benefit, **check OPTION B at the bottom and sign this Form. If you are not keeping your Lifeline benefit, DO NOT submit this form.**



2. Does another adult (age 18 or older, or emancipated minor) live with you AND have a Lifeline Program-discounted service?

No. Please check **OPTION A** below and **SIGN THIS FORM.**

YES. Please answer question 3 below.



3. Do you share expenses for bills, food, or other living expenses AND share income with the person in question #2?

No. Please check **OPTION C** below and **SIGN THIS FORM.**

Yes. If **YOU** are the person who will keep the Lifeline Program benefit, **check OPTION B at the bottom and sign this form. If you are not keeping your Lifeline benefit, DO NOT submit this form.**

Please check the box below for the one that applies to you:

OPTION A. [] No one in my household, other than myself, is currently receiving a Lifeline Program benefit and therefore I may continue to receive a Lifeline Program benefit.

OPTION B. [] There are others in my household that are currently receiving a Lifeline Program benefit; by signing this form, I will be the only member of this household to continue to receive a Lifeline Program benefit.

OPTION C. [] There are other adults who reside at the above listed address who receive a Lifeline Program benefit but do not share income and expenses with me; therefore, since I am the only member in my household receiving a Lifeline Program benefit, I may continue to receive that benefit.

I certify that the information provided above is true. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline Program benefits, and may be prosecuted by the United States government for violating the rules.

Signature _____ Date _____

Please return the signed form to New Hope Telephone Cooperative, Inc. at
5415 Main Drive, New Hope, Alabama 35760.