

Lifeline Program support is a federal benefit that provides a monthly discount on home phone (i.e. landline phone) or cell phone service. Only one Lifeline Program-supported service per household is allowed under Federal law. Answer the questions on the back of this 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 includes salary, public inheritances, alimony, child support payments, worker’s compensation benefits, gifts, and lottery winnings.

Members of a household are not permitted to receive more than one Lifeline Program-supported service. You are receiving a copy of this form because records indicate that more than one person at this address is receiving a Lifeline Program benefit. Each person at this address who receives a Lifeline Program benefit and has not yet completed and returned a household worksheet will receive a copy of this form pre-populated with his/her name, address and telephone number.

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/her phone 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, AND ONLY THAT PERSON will fill out the form IN FULL and return it to his/her telephone service provider within 30 days of the date of this communication. 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, the NO FURTHER ACTION IS NECESSARY. (The person name below does not need to sign and send this form to their Lifeline provider.)

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 ~ please print

Telephone Number

Address:

Street

City

State

ZIPcode

Please answer these questions to determine if multiple households live at your address:

1. Does your husband, wife, or domestic partner living at your address have a Lifeline Program-discounted phone 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 phone 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 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 and correct. I understand that violating the one-per-household requirement is against the Federal Communication 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

Return the completed and signed form to Swiftel Communications.