

# Lifeline Household Worksheet



Name:	Frontier Tel. # (incl. Area Code) or Account #: MUST be in your name.		
Service Address (No P.O. Boxes) ... Include Apt./Room/Floor/Bed, if applicable:	City:	State:	Zip:



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 multiple Lifeline discounts.** For example, both you and your spouse or domestic partner may not each receive Lifeline-discounted phone service (i.e., another landline or wireless phone) if you live in the same household and share living expenses.

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 to confirm that no one else in your household currently receives a Lifeline-supported service at your address. Please answer all necessary questions below.**

1. Does another adult (age 18 or older, or emancipated minor) live with you AND have a Lifeline Program-discounted phone or internet service? “Another adult,” refers to a husband, wife, domestic partner, parent, son, daughter, another relative (e.g., sibling, aunt, uncle, cousin, grandparent, grandchild, etc.), or adult roommate.

_____ <b>No.</b> You are eligible for Lifeline because no one in your household has Lifeline. <b>Skip question 2. Please check <u>Option A</u> below and sign and date this form.</b>	_____ <b>Yes.</b> <u>Please answer question 2 below.</u>
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2. If you answered “Yes” to question 1 ... Do you share the bills for utilities, food, or other living expenses AND income with the person identified in question 1?

_____ <b>No.</b> You are eligible for Lifeline because no one in your household has Lifeline. <b>Please check <u>Option B</u> below and sign and date this form.</b>	_____ <b>Yes.</b> Stop. Do not sign the form. You are not eligible because someone in your household already has Lifeline.
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Please check the **one** box below that applies to you.

- Option A:** No other adult in my household currently receives a Lifeline Program benefit.
- Option B:** 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.

## Signature

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

Signature:	Date:
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**Mail to: Frontier Lifeline, P.O. Box 5156, Tampa, FL 33675, or fax toll-free to 844-452-6399, or email to [Lifeline@ftr.com](mailto:Lifeline@ftr.com) (with this form included an attachment).**

**Please send all forms and documentation together.**

**If you have any questions, please call Frontier’s Customer Service at 1-800-921-8101.**

# Instructions for Completing the Frontier Communications Lifeline Household Worksheet

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## GENERAL INSTRUCTIONS

Please take special care when filling out the *Lifeline Household Worksheet*. All necessary parts of this form must be filled out completely. Incomplete forms will be rejected. Please print clearly.

### Name:

This is the name of the applicant. It is best to write the name exactly as it appears on the phone bill.

### Frontier Telephone Number or Account Number:

This is the Frontier telephone number that matches your phone bill and it must be in the name of the applicant. If you only subscribe to Frontier broadband internet access, and not telephone/voice service, please enter your Frontier account number.

### Service Address:

This is your actual home address and not a P.O. Box. If your service address includes an apartment number, room number, floor, or even a bed number (such as if you live in a nursing facility), please be sure to include it. Also, make sure to include your city, state, and zip code.

### Service Address City:

Your home address city.

### Service Address State:

Your home address state.

### Service Address Zip:

Your home address zip code.

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## QUESTION #1

Please read and answer Question #1.

If you answer **No** to Question #1, please skip Question #2. Please check Option A below and sign and date the form. DO NOT ANSWER QUESTION #2.

If you answer **Yes** to Question #1, you must answer Question #2.

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## QUESTION #2

If you answered **Yes** to Question #1, you must read and answer Question #2.

If you answer **No** to Question #2, please check Option B below and sign and date the form.

If you answer **Yes** to Question #2, stop. Do not sign the form. You are not eligible for Lifeline because someone in your household already has Lifeline.

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## OPTIONS A & B

Please be sure to check one of the boxes ... Option A (if you answered **No** to Question #1) or Option B (if you answered **No** to Question #2).

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## SIGNATURE

You must sign and date the *Lifeline Household Worksheet*. If the form is not signed and dated, it will be rejected – so please complete this part of the form.

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## MAILING, FAXING, OR EMAILING YOUR APPLICATION & HOUSEHOLD WORKSHEET

### By Mail:

Frontier Lifeline  
P.O. Box 5156  
Tampa, FL 33675

### By Fax:

You may fax your Household Worksheet  
toll-free to 844-452-6399.

### By Email:

You may email your Household  
Worksheet to [Lifeline@ftr.com](mailto:Lifeline@ftr.com). Please be  
sure to send your Household Worksheet  
as attachment to your email.