

# SAVE! SAVE! SAVE

## on your phone bill with Lifeline from Frontier

Are you enrolled in one of these programs?

- Federal Public Housing/Section 8
- Food Stamps
- General Assistance (including Disability Assistance)
- Home Energy Assistance Program (HEAP)
- Medicaid
- Ohio Works First (AKA Temporary Assistance to Needy Families (TANF))
- Supplemental Security Income (SSI or SSDI)
- Nation School Lunch's Free Lunch Program

### Is your income at or below 150% of the federal poverty level?

You must provide proof of your total household income.

Total # of Adults and Children in your household	Maximum Yearly Income	Provide COPIES of any income documents listed below.
Please mark the # of members below:		<ul style="list-style-type: none"> <li>▪ Most recent state or federal tax return</li> <li>▪ Pay stubs from last 3 months</li> <li>▪ Social security benefit statement</li> <li>▪ Veteran's Administration benefit statement</li> <li>▪ Retirement/Pension benefit statement</li> <li>▪ Unemployment or Worker's Compensation benefit statement</li> <li>▪ Any other legal document that would show total current income (such as divorce decree or child support document)</li> </ul>
___ 1 Member	\$16,335	
___ 2 Members	\$22,065	
___ 3 Members	\$27,795	
___ 4 Members	\$33,525	
___ 5 Members	\$39,255	
For each additional member after 5 members, add \$5,730.		

Here's how you can save with Frontier Lifeline!

- Monthly discounts for local service
- FREE phone line connection \*
- Toll restriction at no charge
- NO DEPOSIT required
- Free optional blocking of 900 and 976 numbers
- Payment arrangements on outstanding local charges
- Call waiting and additional line available (other features such as Caller ID are not available unless you have a medical or safety need)

### Ready to sign up? Need more information? Call 1.888.579.1877.

Fill out the application form on the reverse side of this form.

\*Does not apply to charges for wiring inside the home. Terms and Conditions subject to change. Some retractions apply. Services provided by your local carrier and subject to applicable tariffs. © 2011. Frontier. All Rights Reserved.

# Ohio Lifeline Telephone Service Application

## Eligibility

Eligibility for Frontier's Ohio Lifeline Telephone Service is dependent on the Customer's participation in one or more of the programs listed below.

1. I participate in the following programs (check all that apply):

- Federal Public Housing/Section 8
- Food Stamps
- General Assistance (including Disability Assistance)
- Home Energy Assistance Program (HEAP)
- Medicaid
- Ohio Works First {AKA Temporary Assistance to Needy Families (TANF)}
- Supplemental Security Income (SSI or SSDI)
- Nation School Lunch's Free Lunch Program

OR

I hereby certify that (check if this applies to you)

- Household annual gross income is at or below 150% of the federal poverty level (see reverse side for income guidelines – MUST provide COPIES of Proof of Income documentation)

AND

2. I also hereby certify that (check all that apply);

- My telephone service is listed in my name;
- I am not listed as a dependent on another person's tax return;
- The address listed is my primary residence; not a second home or business; and,

3. If in the future I no longer participate in at least one of the programs listed in item #1 or the conditions in item #2 change, I will promptly notify Frontier that I am no longer eligible for Lifeline Telephone Service.

4. I authorize Frontier to access any and all records that might be required to verify my statements made above. I authorize representatives of the above program(s) I checked in item #1 to discuss with/or provide documentation to Frontier, at Frontier's request, to verify my participation in the program(s) and my eligibility for Lifeline Telephone Service.

5. I affirm, under penalty of perjury, that the above representations are true.

6. Customers who receive Lifeline benefits from Frontier may order Call Waiting and/or an additional line at the usual, non-discounted rates. If you have a specific medical or safety need, provide a brief statement requesting the additional feature(s) and indicate that you have a medical or safety need for the service(s).

Applicant's Name (Please print) \_\_\_\_\_

Service Address (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Number of members in household: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ (Date) \_\_\_\_\_

Return application to:  
Frontier Lifeline P.O. Box 4500, Hayden, ID 83835-4500 or fax toll-free to 877-400-4344