



Senior Discount Application – Arizona

If you are 65 or older and wish to apply for the senior discount you must fill out the form below. Please be sure to fill-in all necessary parts of this application addendum. If there is any missing item not filled-in on the form, it will result in the denial of the discount and require a new application.

Step 1 | Personal Information

First Name (Please print):	Middle:	Last Name:	
Service Address (No P.O. Boxes) ... Include Apt./Room/Floor/Bed, if applicable:	City:	State:	Zip:
Billing address (if diff. than above) ... Include Apt./Room/Floor/Bed, if applicable:	City:	State:	Zip:
Please check here if your Service Address is a Temporary address: <input type="checkbox"/>	Date of Birth (MM/DD/YYYY): ____/____/____		
Frontier Tel. # (incl. Area Code) or Account #: MUST be in your name.	Alternate Telephone # where you can be reached: (____) _____ - _____		
Last 4 Digits of Social Security Number			
SSN:			

Step 2 | Eligibility

Senior Discount

In Arizona, you may also qualify for a **senior discount** if you are 65 or older, head of household, and your income is at or below 100% of Federal Poverty Guideline, based on the chart below. You must provide proof of age (such as a copy of your driver’s license, state ID, or birth certificate) along with this application. This credit will be in addition to your monthly Lifeline credit. Not eligible with Tribal Lifeline discount.

I certify that my household income is at or below 100% of Federal Poverty Guidelines, based on the chart below.

Persons in Household	Annual Income Limits
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5 or more	Add \$4,720 per person
Number of people living in your household (enter here) 	

Please provide proof of income by sending a copy of your most recent: federal or state tax return, income statement or W-2 from an employer, 3 consecutive months of pay stubs, Social Security Benefit statement, Veteran’s Administration benefit statement, retirement/pension benefits statement, divorce decree, unemployment/Workmen’s Compensation benefit statement, child support award, or other legal document that shows your total current household income. Bank statements are not accepted.

ONLY SEND PHOTOCOPIES - ORIGINALS WILL NOT BE RETURNED.

YOU MUST SUPPLY THE NUMBER OF PEOPLE IN YOUR HOUSEHOLD.

This program gives me a reduced rate because:

- I am 65 years of age or older (proof of age provided)
- I am the head of household
- My income is at or below 100% of the federal poverty level, based on the chart above (proof provided)



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Step 3 | Certifications

ALL customers must initial each line below:

I certify under penalty of perjury:

_____ (1) All information contained in this application is true and correct to the best of my knowledge. I acknowledge that Senior discount is a state benefit and that willfully providing false or fraudulent information to receive Lifeline benefits is punishable by law, and may lead to fines or imprisonment

_____ (2) I have provided documentation of proof of eligibility along with this application.

Applicant Signature

Date

NOTE: If this form is submitted by a legally Authorized Representative of the Applicant, please complete the following:

I am a “Legally Authorized Representative” for this customer and am submitting this form on behalf of this customer.

My Power of Attorney (or other documentation of authority) is submitted with this application.

“Legal Authorized Representative” Name

Signature (Legal Authorized Rep.)

Daytime Phone Number

Date

Mail to: Frontier Lifeline, P.O. Box 5166, Tampa, FL 33675, or fax toll-free to 844-452-6399, or email to Lifeline@ftr.com (with application and proof documents as attachments).

Please send all forms and documentation together.

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