



## Lifeline Application – New York

NY Lifeline is a state government assistance program that provides a monthly discount on either home or mobile telephone or internet services. **Please be sure to fill-in all necessary parts of this application.** If there is any missing item not filled-in on the form, it will result in the denial of Lifeline 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:<br>(____) _____-_____ |            |      |  |
| Last 4 Digits of Social Security Number <b>OR</b> Tribal Identification Number             |   |            |      |  |
| SSN:   | Tribal ID:  |            |      |  |

### Step 2 | Eligibility

- I, or a member of my household, currently participate in at least one of the following programs.** Check only one program. Please provide proof of participation by sending a copy of a benefit statement, notice, letter or other official participation document.

**ONLY SEND PHOTOCOPIES - ORIGINALS WILL NOT BE RETURNED.**

|   |   |
|---|---|
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)     |   |
| <input type="checkbox"/> National School Lunch Program's free lunch program | <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) |



### 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 Lifeline is a state benefit and that willfully providing false or fraudulent information to receive Lifeline benefits is punishable by law, may lead to fines, imprisonment, and/or de-enrollment and may result in me being barred from the Lifeline program.

\_\_\_\_\_ (2) I or a member of my household currently receive benefits from the program checked above.

\_\_\_\_\_ (3) I will notify Frontier within 30 days if I no longer qualify for lifeline. Specifically, I will notify Frontier if: 1) I cease to participate in the above federal programs or if my annual household income exceeds the income guidelines; or 2) I no longer satisfy the criteria for receiving Lifeline support. I understand this requirement and that I may be subject to penalties if I fail to notify Frontier of the foregoing.

\_\_\_\_\_ (4) Frontier has explained to me that I am required each year (or as requested) to recertify my continued eligibility for Lifeline. If I fail to do so within thirty (30) days, my Frontier Lifeline service will be terminated.

\_\_\_\_\_ (5) I understand Frontier will share my telephone or account number, date of birth, last four digits of my social security number, and address with the State of New York and/or its agents in order to verify that I do not receive more than one Lifeline subsidy.

\_\_\_\_\_ (6) 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.

|   |  |                             |             |
|---|--|-----------------------------|-------------|
| _____   | _____                                    | _____                       | _____       |
| <b>Print "Legal Authorized Representative" Name</b> | <b>Signature (Legal Authorized Rep.)</b> | <b>Daytime Phone Number</b> | <b>Date</b> |

**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](mailto: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.**