

**HAYNEVILLE FIBER TRANSPORT, INC.**  
**Lifeline Household Worksheet**

Name	
Address	
Telephone Number	

Lifeline is a government program that provides a monthly discount on the cost of telephone or internet service for eligible subscribers. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

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, 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. Answer the questions below to determine whether there is more than one household residing at your address.**

1. Does your husband, wife or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone or internet service? (check no if you do not have a spouse or partner)        YES        NO

- If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives a Lifeline benefit. Only ONE Lifeline discount is allowed per household.
- If you checked **NO**, please answer **question #2**.

2. Other than a spouse or partner, does another adult (people age 18 or older, or emancipated minors) who lives with you at your address already receive a Lifeline discounted service? (check no for all options if no other adults live at your address)

- |   |   |
|---|---|
| A. A parent <u>      </u> YES <u>      </u> NO  | D. An adult roommate <u>      </u> YES <u>      </u> NO |
| B. An adult son or daughter <u>      </u> YES <u>      </u> NO  | E. Other _____ <u>      </u> YES <u>      </u> NO       |
| C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.) <u>      </u> YES <u>      </u> NO |   |

- If you checked **NO** for each statement above, you are **ELIGIBLE** for the Lifeline Program because no one in your household has a Lifeline Program benefit. You do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
- If you checked **YES**, please answer **question #3**.

3. Do you share living expenses (bills, food, etc.) AND share income (salary, public assistance benefits, social security payments or other income) with at least one of the adults listed above in question #2?        YES        NO

- If you checked **NO**, then your address includes **more than one household**. Please initial lines A and B below, and sign and date the worksheet.
- If you checked **YES**, then your address includes only **one household**. You may not sign up for the Lifeline Program because someone in your household already receives Lifeline.

**CERTIFICATION**

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to Camellia Communications along with your Lifeline Program application form or recertification form.

- A. \_\_\_\_\_ I certify that I live at an address occupied by multiple households.
- B. \_\_\_\_\_ I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature _____	Date _____
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