

Instructions for Lifeline Telephone Service Credit

What is the Lifeline Telephone Credit?

The Lifeline program provides a credit of at least \$9.25 on the monthly telephone bills of income-eligible Vermont residents.

Who is eligible for the Lifeline Telephone Credit?

Two groups of Vermont residents with telephone service are eligible for the credit. You are eligible if you reside in Vermont, have phone service, and

- You will be 65 or older by June 15, 2014 and your household income is less than \$27,142.50;

OR

- You are under 65 and your household income is less than \$23,265.00.

Persons who receive Reach Up, Food Stamps, Supplemental Nutrition Assistance Program, Medicaid, Supplemental Security Income, Federal Public Housing Assistance (Section 8), National School Lunch Program's free lunch program, Temporary Assistance for Needy Families, or Fuel Assistance benefits may be eligible to apply year-round for Lifeline through the DCF's Economic Services Division. For questions about the credit call the DCF's Economic Services Division Benefits Service Center at 1-800-479-6151.

What income must be included?

You must include your Adjusted Gross Income (Federal Form 1040, Line 37; or 1040A, Line 21; or 1040EZ Line 4). This is done before deduction of any loss from a trade or business, partnership, small business corporation, rental property or capital loss. This is added to all other taxable and nontaxable income such as alimony, support money, cash public assistance and relief, cost of living allowance, serviceman's dependent allowances, gross amount of pensions and annuities, railroad retirement benefits, Social Security payment, veteran's benefit act payments, nontaxable interest received from Federal or State instrumentality, unemployment and worker's compensation, inheritances, cash gifts, lottery winnings, gross amount of "lost time" insurance and total capital gains. It does not include student financial aid, military housing and cost-of-living allowances, irregular income from occasional small jobs such as baby-sitting or lawn mowing or payments made by the State for foster care or care of a developmentally disabled person.

Who is part of a household?

A household is any adult or group of adults, 18 years or older, who are living together at the same address who share in the income and expenses of the household. A household may include related and unrelated persons.

When and how do you apply?

All eligible telephone subscribers should mail the completed application on or before June 15, 2014 to:

**Vermont Department of Taxes
133 State Street
Montpelier, VT 05633-1401**

Electronic submissions are not accepted.

The application may be submitted with your Vermont tax forms. If you are not required to file, you may send just this application to the VT Department of Taxes.

The Vermont Department For Children and Families processes your application. Your telephone company will receive notice of your eligibility and apply the credit to the telephone account of the name and telephone number you write on this application. It is very important the information on the application matches the information with your telephone company. Before mailing your application, check your telephone bill for the spelling of your name and your telephone number. If it is convenient, attach a copy of your telephone bill to this application.

When will the Lifeline Credit begin?

If this is the first time you applied for the Lifeline credit, it may take up to three (3) months for the credit to appear on your telephone bill.

Do all telephone companies participate in Lifeline?

No. Only some companies offer the Lifeline discount. You may call a provider to ask or you may contact the Department of Public Service at 1-800-622-4496 to request a complete and current list of providers who participate in Lifeline.

How can I get answers to my questions about Lifeline?

For help completing this application:

- Seniors call the Senior HelpLine at 1-800-642-5119 to reach your local area agency on aging;
- Under 65 call the DCF's Economic Services Division at 1-800-479-6151.

**FAILURE TO COMPLETE THE ENTIRE
APPLICATION MAY RESULT IN DENIAL OR
DELAY OF BENEFIT.**

**YOU MUST REAPPLY FOR LIFELINE EACH
YEAR**

1. I understand that Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, prosecution by the United States government, imprisonment, de-enrollment or being barred from the program.
2. I understand only one Lifeline benefit is available per household and to the best of my knowledge, no one in my household is currently receiving a Lifeline benefit.
3. I understand a household is not permitted to receive Lifeline benefits from multiple providers.
4. I understand that a violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's (FCC) rules and will result in the my de-enrollment from the program.
5. I understand that Lifeline is a non-transferable benefit and that I may not transfer my benefit to any other person.
6. I will notify DCF and my telephone company within 30 days if for any reason I am no longer eligible to receive Lifeline, including if another member of my household receives Lifeline benefit or if I am receiving more than one Lifeline benefit.
7. I will notify DCF and my telephone company within 30 days of any change to my address or residence or change in my income.
8. If a temporary address has been provided on this application, I understand I am required to verify my temporary residential address every 90 days. I further understand that should I not respond to efforts by DCF or my telephone company to verify my temporary address within 30 days, I may be de-enrolled from the Lifeline program.
9. I understand I will be required to file a Lifeline application annually, or at any time upon request, and failure to do so will result in termination of my Lifeline benefit.
10. I understand that Lifeline is a non-transferrable benefit and I may not transfer my benefit to any other individual, including another income eligible person.

I do _____ do not _____ live at an address occupied by multiple households

I do _____ do not _____ share an address with other adults who do not contribute income to my household and/or share in the household's expenses.

I certify that to the best of my knowledge, no one in my household is receiving a Lifeline-supported service from any other provider.

Subscriber's Signature

Date

Subscriber's Printed Name

Telephone Number