

TROY CABLEVISION, INC.
Lifeline Household Worksheet

Name	
Address	
Telephone Number	

Lifeline offers a monthly benefit to reduce or eliminate the cost of telephone or internet service for eligible subscribers. Only ONE Lifeline discount is allowed per household.

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. Household **expenses** include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. **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 because someone else currently receives a Lifeline Program-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline Program-discounted phone? *(check no if you do not have a spouse or partner)* **YES** **NO**
 - If you checked **YES**, you may not sign up for the Lifeline Program 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, do other adults (people over the age of 18 or emancipated minors) who live with you at your address already receive Lifeline-discounted service? *(check no for all options if no other adults live at your address)*

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

 - If you checked **NO** for each statement above, 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 (either your income, the other person's income, or both incomes together) 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 **TROY CABLEVISION, INC.** along with your Lifeline Program application.*

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|----|--|
| 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 _____