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**LIFELINE HOUSEHOLD WORKSHEET**  
**ONLY Multiple Households Complete This Form**

<b>CUSTOMER'S FULL NAME</b>	
<b>MAILING ADDRESS</b>	
<b>"Main" Lifeline Telephone Number</b>	

Lifeline is a federal government assistance benefit that provides a monthly discount on fixed or mobile voice service or broadband service. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies. Lifeline is a non-transferable benefit and may not be transferred to any other person. Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in de-enrollment from the program and, potentially, prosecution by the U.S. government.

Your **household** is everyone who lives together at your physical 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 (such as medical bills) 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.

1. **Does your spouse or domestic partner** (that is, someone you are married to or in a relationship with) **already receive Lifeline services for fixed or mobile voice service or mobile broadband service?** (check no if you do not have a spouse or partner)  YES  NO

- If you checked **YES**, you do not qualify for Lifeline and may not sign up because someone in your household already receives Lifeline. Only **ONE** Lifeline discount is allowed **per household**. (do not complete the rest of the form.)
- If you checked **NO**, please **answer question #2**.

2. **Do other adults** (people over the age of 18 or emancipated minors) **live with you 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, skip question #3. Please **initial line B below**, and sign and date.
- If you checked **YES** on any statement above, 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.
- If you checked **YES**, then your address includes only **one household**. Please **initial line B below**, and sign and date.

**CERTIFICATION**

Please initial the certifications below and sign and date.

- 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 \_\_\_\_\_