

THIS IS NOT AN APPLICATION FOR TELEPHONE SERVICE

CAUTION: By signing and submitting this application, you certify that each of the items you have checked is true.

**Questions?
CALL
513-565-LIFE**

Write your initials in the box below to sign up for the LIFELINE discount.

\$12.24 Monthly Discount with Restrictions*

- You understand that Call Waiting is the only optional feature you can have with LIFELINE. To buy or order other features, you must certify that you need them for health or safety reasons.
- If you now have Caller ID or any other optional features, Cincinnati Bell will turn them off unless you certify that you need them for health or safety reasons.

*Rates as of February 2006

MAIL TO: Cincinnati Bell Lifeline
11 Grandview Circle, Suite 120
Canonsburg, PA 15317
OR FAX TO: 1-800-213-2193

AGENCY CODE 389

Public Benefit Programs

Please check the boxes below for each of the programs from which you receive benefits. If you do not receive benefits from these programs, you must fill out the income eligible information section. (Below)

- Section 8 Housing/Federal Public Housing
- Medicaid (Not C.H.I.P.)
- Food Stamps
- Supplemental Security Income (SSI)
- Any Home Energy Assistance Plan (HEAP)
- SSDI (Supplemental Security Disability Income)
- Ohio Works First or TANF
- Free School Lunch Program
- General Assistance/Disability Assistance

Income Eligible

Check box, fill in all information and attach supporting documentation.

Customers enrolling in LIFELINE through income eligibility must submit documentation of income. This documentation should be sent with this application. Examples of acceptable documentation include the most recent:

- Year's State or Federal income tax return.
- Income statement from an employer or W-2.
- Three consecutive months worth of pay stubs.
- Social Security, Veteran's Administration, retirement/pension or Unemployment/Worker's Compensation statement of benefits.
- Other legal document showing current income, e.g. divorce decree or child support document.

My household income is no more than 150% of the poverty level (See table on the other side of this application).

There are _____ people in my household.

My household total gross monthly income is

\$ _____

Personal Eligibility

You must check all to qualify.

- My telephone is listed in my name or my spouse's name; and;
- I am not listed as a dependent on another person's income tax return (customers over 60 are exempt from this rule); and;
- The address on this form is my primary residence and not a second home or business; and;
- I will promptly notify Cincinnati Bell if any of these things change.

Complete Application & Sign
(All information is required)

Applicant's Name (please print)

Social Security Number
(Needed to verify your telephone number)

Address of Phone Service

City, State, Zip Code

Past or Current Telephone Number

I authorize Cincinnati Bell or its representative to have access to any records of public agencies or employers needed to verify my statements on this application and to confirm LIFELINE eligibility. I state under penalty of perjury that all representations on this application are true. I will promptly notify Cincinnati Bell if no longer receive benefits from at least one of these programs and my income is above the maximum limit.

Signature

Date

