verizon

Voice Connect Low-Cost Service Application

PLEASE READ CAREFULLY, USE PEN, PRINT AND FILL OUT COMPLETELY

Billing Telephone Number _____

Billing Name On Account _____
(first) (middle initial, if applicable) (last)

Home (Physical) Address: _____
(house number) (street name) (apartment/room/floor number, if applicable)

_____
(city or town) (state) (zip code)

Billing (Mailing) Address if different from Home (Physical) address

_____
(house number) (street name) (apartment/room/floor number, if applicable)

_____
(city or town) (state) (zip code)

REQUIRED INFORMATION REGARDING PROGRAM PARTICIPATION

I or a member of my household receive benefits from the following program (check only one program):

- ☐ **Medicaid**
- ☐ **Supplemental Security Income (SSI)**
- ☐ **Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps)**
- ☐ **Federal Public Housing Assistance**
- ☐ **Federal Veterans Pension**
- ☐ **Federal Veterans Survivors Pension**
- ☐ **Eligibility based on income (see page3)**

Please INITIAL the below certification. The application will be denied if left blank.

_____ *(Initials)*

I certify under penalty of perjury that I or a member of my household meets the income-based or program-based eligibility criteria for receiving the low-cost discount.

Along with this application, please attach or fax a photocopy (do not send an original) of one of the following that matches the program checked above:

- **your current or prior year's statement of benefits from a qualifying federal program or**
- **a notice letter of participation in a qualifying federal program or**
- **a program participation document, for example, benefit card or**
- **an official document indicating your participation in a qualifying federal program or**
- **veterans pension grant letter or veterans pension COLA letter or survivors pension summary letter**

HOUSEHOLD MEMBER RECEIVING BENEFITS

☐ **Self** or **Name of household member receiving benefits** _____

Last 4 digits of the Social Security Number of the person receiving benefits ____ ____ ____ ____

Date of birth of the person receiving benefits ___ ___ ____ ____ ____ ____ ____ ____
2 Digit Month **2 Digit Day** **4 Digit Year**

TO BE CERTIFIED ALL 5 PROGRAM RULES MUST BE INITIALED TO INDICATE YOUR ACKNOWLEDGMENT

Verizon Voice Connect Low-Cost service is an assistance program that offers a reduced rate on your monthly bill to qualified low-income customers.

Consumers who willfully make false statements when applying for the Verizon Voice Connect Low-Cost service will be de-enrolled. Please INITIAL in the space provided each statement indicating your acknowledgment.

Only one discount is allowed per household and a household is not permitted to receive multiple discounts from multiple providers, e.g., a discount from both a wireless and broadband (internet) provider.

_____ ***(Initials)*** I certify my household is not receiving a discount(s) from a wireline, wireless or broadband provider.

_____ ***(Initials)*** The discount associated with Verizon Voice Connect Low-Cost service cannot be transferred to another Verizon service or to a service provided by another carrier. I agree not to transfer the low-cost service to another Verizon service or carrier.

_____ ***(Initials)*** I agree to notify Verizon within 30 calendar days if, for any reason, I or my household:

- No longer receive benefits from the federal program that qualified me for the low-cost discount service
- Annual household income exceeds the Federal Poverty amount listed on page 3 that qualified me for the low-cost discount service
- Receives more than one discount or another member of my household is receiving discounted service.

_____ ***(Initials)*** I acknowledge that I may be required to recertify my continued eligibility for the low-cost discount at any time and my failure to recertify will result in de-enrollment and termination of my low=cost discount. I agree to participate in the certification of my continued eligibility in the low-cost discount program.

_____ ***(Initials)*** The information contained in this application form is true and correct to the best of my knowledge.

INCOME ELIGIBILITY GUIDELINES

The chart below can be used to determine eligibility for the low-cost discount based solely on income level. You may qualify for the low-cost discount program if your household gross annual income is at or below 135% of the Federal Poverty Guidelines. A household is defined as any individual or group of individuals who live together at the same address and share income and expenses.

The chart below lists the annual income amount that cannot be exceeded in order to qualify based on household size. If the annual income amount for your household size is more than the amount shown on the chart below you do not qualify for the low-cost discount based solely on income.

Household Size	135% of Federal Poverty Levels	Household Size	135% of Federal Poverty Levels
1	$17,226	5	$41,418
2	$23,274	6	$47,466
3	$29,322	7	$53,514
4	$35,370	8	$59,562
9+ add $6,048 per each additional person			

Please indicate the number of individuals in your household. _____

If your household qualifies based on income, please attach or fax a photocopy (do not send an original) of the following applicable documents. If you provide documentation that does not cover a full year (such as current pay stubs), you must submit three (3) consecutive months worth of the same type of document from the previous 12 months.

- **your prior year's federal tax return**
- **current income statement from an employer or paycheck stub**
- **a Social Securitv statement of benefits**
- **Unemployment or Workmen's Compensation benefit statement**
- **other official document containing income information**
- **a Veterans Administration statement of benefit**
- **a retirement or pension statement of benefits**

Billing Name Signature _____ **Date** _____

(First and Last Name)

PLEASE FAX OR MAIL SIGNED APPLICATION AND PROOF OF ELIGIBILITY TO:

Mail to:
Verizon Voice Connect Low-Cost Service
PO Box 16805
Newark, NJ 07101-6805
If you have any questions, please call 1.800.VERIZON (1.800.837.4966)
See cover letter for applicable fax number.