Hawaiian Telcom

Lifeline / Link-Up Service

Application & Customer Certification
Mail to: Hawaiian Telcom, PO Box 2200, CSSC – HIA03, Honolulu, HI 96841-0001
For assistance call: 643-3456

Please review both programs. You may qualify for both Federal and State Credits.

☐ LIFELINE/LINK-UP - **Federal** Credits

Complete either item 1 or Item 2 below, complete Item 3 below and verify that you meet qualifications for Items 4 & 5. Fill out the required customer information and signature on reverse side.

1. I am enrolled in **at least one** of the following government benefit program(s). (Place a check mark in the box ☑ to the left)

   ☐ Medicaid ☐ Food Stamps ☐ Supplemental Security Income (SSI)

   ☐ Federal Public Housing Assistance ☐ Low Income Home Energy Assistance Plan (LIHEAP)

   ☐ Temporary Assistance for Needy Families (TANF) ☐ National School Lunch's free lunch program (NSL)

- OR -

2. I meet the income eligibility requirement based on Federal Poverty Guidelines (FPG):

   My monthly total household income is: _____

   Number of persons in my household is: _____

   To qualify for income at or below 135% of Federal Poverty Guidelines:

   - All income actually received by all members of the household will be counted with the exception of student financial aid; military housing and cost-of-living allowances; and irregular income from occasional small jobs such as babysitting, etc.
   - Certification of income-based eligibility must be accompanied by supporting documentation at enrollment. Acceptable documentation include prior year's state or federal tax return, current income statement from an employer or paycheck stub (3 consecutive months worth), a Social Security statement of benefits, VA statement of benefits, retirement/pension statement, Unemployment/Workmen's Compensation statement of benefits, federal letter of participation in BIA General Assistance, a divorce decree, or child support documentation.
   - Self-certification of the number of individuals in the household.

   2012 Estimated Income Requirements for a Household at or below 135% of the Federal Poverty Guidelines:

Persons in Family Unit	Income	Persons in Family Unit	Income	Persons in Family Unit	Income
1	$17,361	4	$35,789	7	$54,216
2	$23,504	5	$41,931	8	$60,359
3	$29,646	6	$48,074		

   For each additional person in household, add $4,550

3. Required documentation

   ☐ I am enclosing a photocopy of my document proving enrollment in **at least one** of the government benefit program(s) or documentation for the income-based eligibility.

4. The Lifeline Telephone Service is provided only at my principal place of residence in the State of Hawaii and I am receiving only one Link-Up credit for service connection at this address.

5. I am not receiving any Lifeline service or discount from any other telecommunications carrier, including any wireless carrier.

Critical Note: Free toll blocking provided upon request if you qualify for federal credits

Under penalty of perjury, I hereby certify the above information is true to the best of my knowledge. I fully understand that Hawaiian Telcom reserves the right to verify any of the statements in this application. If I knowingly make any false statements concerning my Lifeline/Link-Up qualifications, I agree to pay all charges to return my service to regular rates, and to pay the difference between regular rates and Lifeline/Link-Up rates retroactive to the date when the application was made. I hereby certify that I read the Lifeline/Link-Up qualifications and have check marked the appropriate box/boxes.

See attached for state credit, required customer information and signature

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☐ LIFELINE – **State** Credit

I meet the following criteria for the **State** credit: (Place a check mark in the box ☑ to the left)

1. I hereby certify that I am 60 years of age or older, with an annual household income that does not exceed $10,000. I am enclosing a photocopy of **ONE** of the following as proof of age:

   ☐ Driver's License ☐ State I.D ☐ Birth Certificate ☐ Passport

   - OR -

   I hereby certify that I am handicapped with an annual household income that does not exceed $10,000. I am enclosing **ONE** of the following as proof that I have an impairment that limits one or more of the following activities - caring for myself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning or working:

   ☐ Statement from my physician ☐ Certification from two persons other than my relatives

   ☐ Completed Report of Confidential Social Security Benefit Information

2. The Lifeline Telephone Service is provided only at my principal place of residence in the State of Hawaii.

3. There is only one exchange access line (telephone number) serving my principal place of residence.

Under penalty of perjury, I hereby certify the above information is true to the best of my knowledge. I fully understand that Hawaiian Telcom reserves the right to verify any of the statements in this application. If I knowingly make any false statements concerning my Lifeline/Link-Up qualifications, I agree to pay all charges to return my service to regular rates, and to pay the difference between regular rates and Lifeline/Link-Up rates retroactive to the date when the application was made. I hereby certify that I read the Lifeline/Link-Up qualifications and have check marked the appropriate box/boxes.

Once a year, Hawaiian Telcom will mail you a Lifeline re-certification form for the State credit only, which you **MUST** complete, sign, and mail back to Hawaiian Telcom before the renewal deadline. Failure to return the completed and signed form will result in the discontinuation of your State discount.

Customer Name (Please Print) Telephone Number to Receive Lifeline/Link-Up Discount(s)

Customer Address City Zip Code

Customer Signature Date Can Be Reached Number

Please complete the customer information section above. Please note that all information provided by Hawaiian Telcom customers will be treated as confidential and will be used by Hawaiian Telcom solely to administer the Lifeline/Link-Up programs.