

Lifeline 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 - **Federal** Credits

Complete either item 1 or Item 2 below, complete Item 3 below and verify that you meet qualifications for Items 4, 5 & 6. Fill out the required customer information and signature on page 2.

1. I am enrolled in **at least one** of the following government benefit programs. (Place a check mark in the box to the left)
- | | | |
|---|---|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Federal Public Housing Assistance | | <input type="checkbox"/> Low Income Home Energy Assistance Plan (LIHEAP) |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | | <input type="checkbox"/> National School Lunch (free meals program only) |

- 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.

2014 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	\$18,117	4	\$37,031	7	\$55,944
2	\$24,422	5	\$43,335	8	\$62,249
3	\$30,726	6	\$49,640		

For each additional person in household, add \$6,305.

3. Required documentation
- I am enclosing a photocopy of my document proving enrollment in **at least one** of the government benefit programs 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.
5. Neither I nor anyone else in my household is receiving any Lifeline service or discount from any other telecommunications provider, including any wireless provider.
6. I will notify Hawaiian Telcom within 30 days if I no longer qualify for Lifeline service. I attest under penalty of perjury that I understand the notification requirement and that I may be subject to penalties if I fail to follow this requirement.
7. I understand that the Lifeline Service is Non-Transferable.
8. I acknowledge that once a year, Hawaiian Telcom will mail me a Lifeline re-certification form, which I **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 my Federal credits.

Critical Note: Free Toll Blocking provided upon request if you qualify for Federal credits.

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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 information provided in the certification form(s) above 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 Federal and/or State Lifeline qualifications, I agree to pay all charges to return my service to regular rates, and to pay the difference between regular rates and Lifeline rates retroactive to the date when the application was made. I understand that Lifeline is a government benefit program and consumers who willfully make false statements to fraudulently obtain the benefit can be punished by fine and/or imprisonment and/or can be barred from the program. I hereby certify that I have read the Federal and/or State Lifeline qualifications and have check-marked the appropriate box/boxes.

I provide my consent to include the following information to the Administrator of the National Accountability Database to ensure the proper administration of the low-income program and understand that failure to provide consent will deny me the Lifeline benefit. The information to be provided to the Administrator includes: my name, address, and phone number, service initiation and de-enrollment dates (if and when de-enrollment occurs), the means through which I qualified for support, the last four digits of my Social Security number, my date of birth, and the amount of Lifeline support received each month.

I acknowledge that I have read, understand and agree to the terms and requirements of the Federal and/or State Lifeline programs. I also acknowledge that once a year, Hawaiian Telcom will mail me a Lifeline re-certification form, which I **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 my State credits.

Customer Name (Please Print) _____ Telephone Number to Receive Lifeline Discount _____

Customer Service Address Permanent Temporary _____ City _____ Zip Code _____

Customer Billing Address (if different) _____ City _____ Zip Code _____

Customer Last 4 digits of Social Security # _____ Customer Date of Birth (mm/dd/yyyy) _____

Customer Signature _____ Date _____ Daytime Contact Number _____

Is the service address on your Lifeline application on Hawaiian Homelands? Yes No

Customer Signature _____ Date _____

If yes, I hereby certify that my service address is on Hawaiian Homelands and understand that any false statements are punishable by fines and/or imprisonment.

Please complete the customer information section above. All information provided by Hawaiian Telcom customers will be treated as confidential and will be used by Hawaiian Telcom solely to administer the Lifeline programs.