

Hawaiian Telcom Kupuna TV Discount

Application & Customer Certification

Mail to: Hawaiian Telcom, ATTN: SRC – Kupuna TV Discount

1177 Bishop St, Suite 3, Honolulu, HI 96813

For assistance call: (808) 643-3456

Complete item 1, and review items 2 through 6. Fill out the required customer information and please sign. Include required proof of income and return to mailing address provided above.

1. I as the account holder am at least 65 years of age or older:

My date of birth is: _____

2. My household income is at or below 135% of Federal Poverty Guidelines (FPG):

My monthly total household income is: _____

I certify the number of persons in my household is: _____

3. To qualify for the Hawaiian Telcom Kupuna TV Discount, please include copies (not originals) of ALL your sources of income as proof of income-based eligibility. Acceptable documentation includes:

- Prior year's State or Federal tax return, prior year's wage and tax statement or W-2, current income statement from an employer or paycheck stub (3 consecutive months' worth), Supplemental Security Income (SSI), a Social Security statement of benefits, VA statement of benefits, retirement/pension statement, or Unemployment/Workmen's Compensation statement of benefits.

2024 Estimated Income Requirements for a Household at or below 135% of the Federal Poverty Guidelines:

Persons in household	Income	Persons in household	Income	Persons in household	Income
1	\$23,369	4	\$48,438	7	\$73,508
2	\$31,725	5	\$56,795	8	\$81,864
3	\$40,082	6	\$65,151		

For each additional person in household, add \$8,356.

4. My Hawaiian Telcom service has not been suspended for non-payment within one (1) year of this application.
5. Neither I nor anyone else in my household is receiving discounts from Hawaiian Telcom's Kupuna TV Discount.
6. I will notify Hawaiian Telcom within 30 days if I no longer qualify for the Kupuna TV Discount.

Under penalty of perjury, I hereby certify the information provided in the form 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 qualifications, I agree to pay all charges to return my service to regular rates, and to pay the difference between regular rates and the discounted rates retroactive to the date when the application was made.

Customer Name (Please Print)

Account Number to Receive Discount (if applicable)

Customer Service Address	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

Don't forget to sign the form and include the required income documentation.