

## LIFELINE RECERTIFICATION

Date

**Customer Name**  
**Billing Address**  
**Billing City, State Zip Code**

Changes to the Federal Lifeline Program require all recipients to annually certify their continued eligibility. Customers failing to certify in a timely fashion are at risk of having their discount removed. You have been identified as a current **Hayneville Tel. Co.** Lifeline customer in need of recertification. The process is easy, simply complete all sections of the reverse page, sign and mail within 21 days to:

Lifeline Administrator  
30 Lanidex Plaza West  
PO Box 685  
Parsippany, NJ 07054-0685

Should you have any questions or need further assistance you may call 1-**334-548-2101**.

Thank you and we look forward to continuing to provide you with your Lifeline benefit.

Sincerely,

Lifeline Administrator

**OVER →**

**Instructions – To recertify for Lifeline benefits you MUST complete the following 3 steps.**

**1 - Confirm Name and Address 2- Provide Qualification of Benefits and 3- Certify to all information. Mail application to address provided on letter.**  
 \*All fields must be completed\*

**STEP 1 - APPLICANT INFORMATION**

First Name: John MI: Q Last Name: Doe

Residence Address (PO Box is **NOT** acceptable): \_\_\_\_\_ APT/Floor/Other \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Lifeline Phone No.: 123-456-7890

**STEP 2 - QUALIFICATION – REQUIRED:**

Date of Birth: \_\_\_\_\_  
 mm/dd/yyyy

Last 4 digits of your Social Security Number: \_\_\_\_\_  
 or Tribal ID number (if you are a member of a Tribal nation and do not have a social security number): \_\_\_\_\_

**I hereby certify that I, a dependent of mine or a member of my household, am currently enrolled in one of the following programs or qualify under the Federal income guidelines. (Please select one):**

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)	<input type="checkbox"/> Federal Public Housing Assistance (FPHA) Section 8	<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)
<input type="checkbox"/> National School Lunch Program's Free Lunch Program (NSLP)	<input type="checkbox"/> Tribally administered Temporary Assistance to Needy Families (T-TANF)	<input type="checkbox"/> Bureau of Indian Affairs General Assistance Programs
<input type="checkbox"/> Tribal Head Start (income based criteria only)	<input type="checkbox"/> Tribal National School Lunch Program's Free Lunch Program (T-NSLP)	<input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR)

**OR**

I have an annual household income at or below 135% of the Federal Poverty Guidelines

Number of people in my household

Household Size	Total Income
1	\$15,080
2	\$20,426
3	\$25,772
4	\$31,118
Add \$5,346 for each additional person	

**STEP 3 - CERTIFICATION:**

I certify, under penalty of perjury: ***(Initial ALL certifications below)***

- \_\_\_\_\_ (1) The information contained in my application remains true and correct to the best of my knowledge and I acknowledge that willfully providing false or fraudulent information to receive Lifeline benefits is punishable by law and may result in me being barred from the program.
- \_\_\_\_\_ (2) My household receives only one Lifeline-supported service, and to the best of my knowledge, no one in my household receives Lifeline from another telephone company.
- \_\_\_\_\_ (3) I will notify my phone company within thirty (30) days if:
  - 1. I move to a new address;
  - 2. I, or the eligible person in my household, stops participating in the qualifying program checked above, or if my household income exceeds 135% of the federal poverty guidelines;
  - 3. My household receives more than one Lifeline discounted telephone; or
  - 4. My household, for any reason, no longer meets the criteria to receive Lifeline support.
- \_\_\_\_\_ (4) I give my telephone company permission to access records necessary to verify my continued Lifeline eligibility.
- \_\_\_\_\_ (5) My telephone company has explained to me that I am required each year to re-certify my continued eligibility for Lifeline at any time, and that if I fail to do so within thirty (30) days of notification, it will result in the termination of my Lifeline benefit.
- \_\_\_\_\_ (6) I acknowledge that information from this certification will be given to USAC and/or its agents for purpose of verifying that my household does not receive more than one benefit.

X \_\_\_\_\_ / / \_\_\_\_\_  
 APPLICANT'S SIGNATURE (Please use blue or black ink) Date

Lifeline is a federal benefit program that makes monthly telephone service more affordable for eligible households. Eligible households may receive one benefit consisting of either one wireless OR one home telephone. Households may not receive the Lifeline benefit from more than one telephone provider. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. Lifeline is a non-transferable benefit and may not be transferred to any other person, even if he or she is eligible. Consumers who make false statements in order to obtain the benefit, or who violate the one-per-household requirement can lose their Lifeline benefit and may be prosecuted by the United States government.