

LIFELINE 135 APPLICATION

Send Completed Application to:
HANCOCK TELEPHONE COMPANY, PO Box 608, Hancock, NY 13783
 Phone: 607-637-9911

LIFELINE 135

The Lifeline 135 program is available for customers of all qualified telephone service providers. It helps customers who have incomes at or below 135 percent of the federal poverty guidelines or receive help from any of the participating programs listed in Section B.

Lifeline 135 helps reduce the cost of monthly phone service for one telephone line. Customers who receive Lifeline 135 may also purchase optional services such as Caller ID at the normal cost.

INSTRUCTIONS

Section A and E: Must be completed by ALL applicants.

Section B: Complete this section ONLY if you participate in one of the programs listed in Section B.

Section C and D: Complete these sections ONLY if you did NOT complete Section B.

A. Applicant Information			
The applicant must NOT be a dependent for federal income tax purposes unless he or she is 60 years of age or older.			
Name: Last	First	M.I.	
Residential Address (Street Address – No Post Office Box)			
<input type="checkbox"/>	State	Zip	Is this a temporary address? If Yes, Company will attempt to verify address every 90 days.
Billing Address: (if different from street address)			
Date of Birth:	Social Security Number		
How many people reside in your household? _____		No. of Dependents (including self) _____	

B. Eligibility Based on Program Participation

If you participate in one of the following programs, you may be eligible for Lifeline – please put an “X” by the program(s) that apply to you. You may be required to show proof of program participation. (If you select a program proceed to Section E).

- | | |
|---|---|
| <input type="checkbox"/> General Assistance (GA)
<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Medicaid
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP)
<input type="checkbox"/> Federal Public Housing Assistance/Section 8
<input type="checkbox"/> National School Free Lunch Program |
|---|---|

C. Eligibility Based on Household Income

If you do not participate in one of the programs listed under “B” above, you may qualify based on **HOUSEHOLD Income**.

Please provide proof of all income (both taxable and non-taxable) for you and anyone in your home that is not a dependent. You may use the following documents:

Prior Year state or federal tax return	W-2	Employment Income Statement
Federal documentation of participation in General Assistance	Unemployment/Worker’s Comp. Statement of Benefits	Retirement/Pension Statement of Benefits
Property Tax/Rent Rebate Form	Veterans Admin. Statement of Benefits	Social Security Statement of Benefits
Divorce Decree	Paycheck Stubs (last 3 months)	Child Support documents

PLEASE CHECK all that apply and submit copies to the telephone company **(DO NOT SEND ORIGINAL DOCUMENTS)**

If you are enrolling based on income, you must complete Section D on reverse side of form.

D. ADDITIONAL MEMBER OF HOUSEHOLD

If you completed Section C, you must complete the following information as well.

Is there anyone living in the home that is not a dependent of the applicant?
(If No, proceed to Section E)

YES

NO

If Yes, please print all such household members below and provide proof of income as stated in Section C.

Name: Last	First	M.I.	Relationship to Applicant
Name: Last	First	M.I.	Relationship to Applicant

E. PLEASE READ THE FOLLOWING PROGRAM RULES AND SIGN

THE COMPANY is required by the Federal Communications Commission, or FCC, to verify your eligibility to participate in the Lifeline discount program.

To qualify for the Lifeline discount program you must certify the following statements are true and agree to abide by the program's rules. You must indicate your acknowledgement of each statement **by initialing**.

Lifeline is a federal benefit and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

_____ I certify that the information contained in this application is true and correct based on my knowledge.

Only one Lifeline discount is allowed per household. A household is defined as any individual or group of individuals who are living together at the same address as one economic unit. An economic unit consists of all adult individuals contributing to and sharing in the income and expense of a household.

_____ I certify that the household in which I reside is not currently receiving a Lifeline discount.

_____ I agree not to transfer my Lifeline discount benefit to another person.

_____ I agree to notify THE COMPANY within 30 calendar days if I move to another address and provide the new address.

_____ I agree to notify THE COMPANY within 30 calendar days if I am no longer, for any reason, receiving benefits from the federal or state program which qualified me for the Lifeline discount program or if my household income exceeds 135% of the Federal Poverty Guidelines.

_____ I agree to participate in the certification of my continued eligibility in the Lifeline discount program on an annual basis or at any time. I acknowledge that failure to recertify would result in the termination of the Lifeline discount.

_____ I agree to allow THE COMPANY to exchange any necessary information with the appropriate federal or state agency to verify my eligibility to participate in the Lifeline discount program and I understand that my failure to provide consent will deny me the Lifeline discount.

I hereby certify under penalty of perjury that the information provided on this application is true and correct and reflects my current status of program participation or an accurate statement of HOUSEHOLD Income.

Signature of Applicant