

**NEW HOPE TELEPHONE COOPERATIVE, INC.**  
**LIFELINE RATE ASSISTANCE CERTIFICATION**

Assigned Telephone Number: \_\_\_\_\_  
Assigned Customer/Member/Account Number: \_\_\_\_\_

ELIGIBILITY FOR LIFELINE ASSISTANCE IN ALABAMA IS DEPENDENT UPON MEETING **EITHER** THE INCOME-BASED REQUIREMENT **OR** THE PROGRAM-BASED REQUIREMENT LISTED BELOW.

1. \_\_\_\_\_ I hereby certify that my annual household income is at or below 135% of the Federal Poverty Guidelines for a household of its size.  
I understand that a "household" may be a single individual; a household may also be a group of people who are living together at the same address and are sharing in the household's income and expenses. A household may include related and unrelated persons.  
\_\_\_\_\_ I certify that there are presently \_\_\_\_\_ members in my household, including me.

I have provided a copy of the following documentation in support of my statements regarding the amount of my annual household income (Acceptable documentation includes the prior year's state or federal tax return; current income statement from an employer or paycheck stub; a Social Security statement of benefits; a Veterans Administration statement of benefits; a retirement/pension statement of benefits; an Unemployment/Workers' Compensation statement of benefit; federal notice letter of participation in General Assistance; or a divorce decree, child support award, or other official document containing income information. If the documentation does not cover a full year, such as current pay stubs, the applicant must present the same type of documentation covering three consecutive months within the previous twelve months):

\_\_\_\_\_ Reviewed by: \_\_\_\_\_

2. \_\_\_\_\_ I hereby certify that I, my dependent who lives in my household or another resident of my household participate(s) in:
- \_\_\_ Medicaid
  - \_\_\_ Supplemental Nutrition Assistance Program (SNAP)
  - \_\_\_ Supplemental Security Income (SSI)
  - \_\_\_ Federal Public Housing Assistance (FPHA)
  - \_\_\_ Veterans and Survivors Pension Benefit

I have provided a copy of the following documentation in support of my statements regarding participation in one or more of the above-listed assistance programs (Acceptable documentation includes the current or prior year's statement of benefits from a qualifying assistance program, a notice or letter of participation in a qualifying assistance program, program participation documents, or another official document demonstrating that the applicant, one or more of the applicant's dependents or the applicant's household receives benefits from a qualifying assistance program):

\_\_\_\_\_ Reviewed by: \_\_\_\_\_

**PENALTY OF PERJURY**

Under Title 18 U.S.C. §1621, whoever will state as true any material matter which he does not believe to be true in a statement under penalty of perjury, is guilty of perjury and shall, except as otherwise expressly provided by law, be fined or imprisoned not more than five years, or both.

**I hereby certify under penalty of perjury by initialing in each of the spaces provided below that:**

\_\_\_\_\_ I understand and acknowledge that Lifeline Assistance is a federal government benefit program and that willfully making false statements or providing false or fraudulent documentation in order to obtain the benefit is punishable by law and can result in fines, imprisonment, de-enrollment or being barred from the program.

\_\_\_\_\_ I certify that I meet the income-based or program-based eligibility criteria for receiving Lifeline Assistance, as stated above.

\_\_\_\_\_ I certify that, to the best of my knowledge, no one at my household is already receiving Lifeline Assistance from any other telephone or wireless (cellular) provider, and I have not enrolled with any other company to receive Lifeline Assistance. I understand that Lifeline Assistance is only available for one telephone or wireless (cellular) line or one broadband Internet access service per household and that my household is not permitted to receive Lifeline benefits from more than one provider.

\_\_\_\_\_ I understand that the violation of this “one-per-household” rule constitutes a violation of the rules of the Federal Communications Commission and will result in my de-enrollment from the Lifeline Assistance program.

\_\_\_\_\_ I certify that if I move to a new address, I will provide my new address to the Company within thirty (30) days.

\_\_\_\_\_ I certify that I will notify the Company within thirty (30) days if I or the qualifying resident of my household no longer satisfy the requirements for receiving Lifeline Assistance, including (1) I or the qualifying resident of my household no longer participate in the government assistance program(s) that qualify me for Lifeline Assistance; (2) my annual household income exceeds 135% of the Federal Poverty Guidelines; (3) I am receiving more than one Lifeline benefit or another member of my household is receiving a Lifeline benefit; or (4) I no longer qualify to receive Lifeline Assistance for any other reason.

\_\_\_\_\_ I understand that it is a violation of federal law to rent, sell or give away Lifeline Service, and I certify that I will not transfer my service to any other individual, including any person who may be eligible for Lifeline Assistance.

\_\_\_\_\_ I understand and acknowledge that I may be required to re-certify my continued eligibility for Lifeline Assistance at any time. Failure to re-certify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

\_\_\_\_\_ I understand that the personal information on this form will be provided to the Universal Service Administrative Company (USAC), which is responsible for administering the Lifeline program, and/or its agents in order to ensure the proper administration of the Lifeline Program. The information provided to USAC includes my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, the telephone number associated with the Lifeline benefit, the date on which the Lifeline service began, the date on which the Lifeline benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline benefit. I hereby consent to the release of that information to USAC. I understand that I will be denied Lifeline Assistance if I do not agree to the release of this information. In the event that USAC finds that my household is receiving more than one Lifeline benefit, in addition to any penalties that may be imposed, I will be de-enrolled from the Lifeline Program.

I understand that if I do not purchase toll limitation service at the time of signing up for Lifeline Assistance, the Company will require a service deposit consistent with its current practice.

APPLICANT’S FULL NAME: \_\_\_\_\_

APPLICANT’S FULL RESIDENTIAL ADDRESS: \_\_\_\_\_

THIS ADDRESS IS: \_\_\_\_\_ TEMPORARY \_\_\_\_\_ PERMANENT

APPLICANT’S BILLING ADDRESS (IF DIFFERENT): \_\_\_\_\_

APPLICANT’S DATE OF BIRTH: \_\_\_\_\_

APPLICANT’S SOCIAL SECURITY NUMBER (LAST 4 DIGITS): \_\_\_\_\_

\_\_\_\_\_ I hereby certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge. I have read the information on the Certification and understand that I must meet the above qualifications to receive assistance from the Lifeline Assistance program.

APPLICANT’S SIGNATURE: \_\_\_\_\_ DATED: \_\_\_\_\_