



## 2019 Lifeline Program Annual Recertification Form

If you receive a Lifeline Program benefit and would like to recertify your continued eligibility by mail, you must complete and return this form within 60 days. If you do not return this form within 60 days or if the form is incomplete/illegible, you will lose your Lifeline benefit. This may result in an increased monthly phone bill. You may also recertify by following one of the other methods described in the accompanying letter.

| Section 1 of 3: Subscriber Information                |                                |
|---|--------------------------------|
| 1. First Name:  | 2. Last Name:                  |
| 3. Last 4-digits of SSN:                              | 4. Date of Birth (mm/dd/yyyy): |
| 5. Lifeline Support Telephone Number (if applicable): |                                |

**Subscriber's address of primary residence (no P.O. Box):**

|  |           |
|--|-----------|
| 6. Street Address:   | 7. Apt.   |
| 8. City:   | 9. State: |
| 10. Zip Code:  |           |
| 11. Is this a temporary address?: Yes <input type="checkbox"/> No <input type="checkbox"/> (check one) |           |

**Billing Address, if different from service address (may include P.O. Box):**

|                     |            |
|---------------------|------------|
| 12. Street Address: | 13. Apt.   |
| 14. City:           | 15. State: |
| 16. Zip Code:       |            |

| Section 2 of 3: Eligibility for Lifeline   |
|--|
| <p>Complete this section to indicate that you, a dependent, or a household** member receives benefits from at least one qualifying federal program or qualifies through income requirements.</p> <p>**A household is any individual or group of individuals who live together at the same address and share income and expenses.</p> |

**Complete this section if you qualify through a program.**

Check all programs you/your household participates in:

- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Medicaid
- Federal Public Housing Assistance
- Veterans Pension and Survivors Benefit Programs

OR

**Complete this section if you qualify through income.**

My household income is at or below the amount listed for my state and household size on the chart below. Including myself, my household size is:

| Household Size                          | Total Income | Household Size | Total Income |
|---|--------------|----------------|--------------|
| 1                                       | \$16,862     | 5              | \$40,730     |
| 2                                       | \$22,829     | 6              | \$46,697     |
| 3                                       | \$28,796     | 7              | \$52,664     |
| 4                                       | \$34,763     | 8              | \$58,631     |
| Add \$5,967 for each additional person. |              |                |              |

Section 3 of 3: Required Certifications:

**Initials  
Required:**

**I hereby certify under penalty of perjury that:**

Initial

1. I (or my dependent or other member of my household) currently receive(s) benefits from the federal program(s) identified or my annual household income is at or below 135 percent of the Federal Poverty Guidelines (or the amount that applies to my state as indicated in the chart on page 1).

Initial

2. I understand that I must notify HTC within 30 days (1) of my new address if I move or (2) if for any reason I no longer satisfy the criteria for receiving Lifeline benefits including: (a) I, or the eligible person in my household, no longer meet the program or income eligibility criteria or (b) my household receives more than one Lifeline discounted service (i.e., more than one Lifeline broadband service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband services).

Initial

3. I acknowledge that my household can only receive one Lifeline Program benefit and, to the best of my knowledge, my household is not receiving more than one Lifeline Program benefit (i.e., only receiving a benefit for one home phone service or for one mobile phone service, but not both).

Initial

4. I agree that my HTC may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, the telephone number that is associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit ended, the amount of support sought by HTC, and the means through which I qualify for the Lifeline Program benefit. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits.

Initial

5. All of my responses and acknowledgements provided on this recertification form are true and correct to the best of my knowledge.

Initial

6. I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program.

Initial

7. I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program will result in my removal from the Lifeline Program and termination of my Lifeline benefit.

Lifeline is federal benefit that makes monthly telephone and broadband service more affordable for eligible households. Your household may receive the Lifeline benefit for telephone service OR broadband service, but not both. For Lifeline telephone service, your household may receive the Lifeline benefit for one mobile OR one fixed home telephone service, but not both. For Lifeline broadband service, your household may receive the Lifeline benefit for one mobile broadband OR one fixed broadband service, but not both. Your household may not receive the Lifeline benefit from more than one service provider. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income or expense. Lifeline is a non-transferable benefit. You may not transfer your Lifeline benefit to another person, even if he or she is eligible. You will lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive the Lifeline benefit.

Signature

Today's Date

**Mail your completed form to:  
HTC  
Attn: Lifeline Administrator  
P.O. Box 1820  
Conway, SC 29528**