

# Hood Canal Communications

East 300 Dalby Road, P.O. Box 249, Union, WA 98592/www.hcc.net

## Lifeline Verification Form

Hood Canal Communications is the trade name of Hood Canal Telephone Company

This signed authorization is required in order to enroll you in the Lifeline Program in your state. This authorization is only for the purpose of verifying your participation in these programs and will not be used for any other purpose. Service requests will not be processed until this form has been received and verified by Hood Canal Communications personnel.

I authorize the company to access any records required to verify my statements on this form, and to confirm my eligibility for the Lifeline program.

### **Things to know about the Lifeline Program:**

- (1) Lifeline service is a federal benefit. Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program. Only eligible consumers may enroll in the program.***
- (2) Lifeline Service is available for only one line per household. A household cannot receive benefits from multiple providers; and***
- (3) 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.***
- (4) Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program.***
- (5) Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.***

Applicant Information:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Social Security Number Last 4 (or Tribal ID Number if no SSN): \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Residence Address

This address is: ☐ Permanent ☐ Temporary ☐ Multi-Household

(No P.O. Boxes. Must be your principal address.):

\_\_\_\_\_ APT/ Floor /Other \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Billing Address (May Contain a P.O Box)

\_\_\_\_\_ APT/ Floor/ Other \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

I am applying to enroll in the Lifeline Program for (check only one):

- ☐ Residential telephone service
- ☐ Residential broadband service

### **FOR OFFICE USE ONLY**

New \_\_\_\_\_ Recertification \_\_\_\_\_

Tribal:

\_\_\_\_\_ Yes \_\_\_\_\_ No

Other:

\_\_\_\_\_

Verified By: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ I hereby certify that I participate in at least one of the following programs:

**Initial Here**

(Check all that apply)

- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Supplemental Security Income (SSI)
- ☐ Federal Public Housing Assistance (Section 8)
- ☐ Medicaid
- ☐ Veterans and Survivors Pension Benefit

**Or,**

\_\_\_\_\_ I hereby certify that I am an eligible resident of Tribal Lands (a reservation or other designated Tribal Land) and  
**Initial Here** that I participate in at least one of the following programs

(Check all that apply)

- ☐ Bureau of Indian Affairs Gen Assistance
- ☐ Head Start (for those meeting income qualifying standard)
- ☐ Tribally-Administered Temp Assistance for Needy Families (TTANF)
- ☐ Food Distribution Program on Indian Reservations

\_\_\_\_\_ I certify that my household income is at or below 135% of the Federal Poverty Guidelines (FPG).  
**Initial Here** There are \_\_\_\_\_ individuals in my household.

**I certify, under penalty of perjury: (initial by Each Certification)**

\_\_\_\_\_ (1) I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in 54.409.

\_\_\_\_\_ (2) I will notify the company within thirty (30) days if for any reason I no longer satisfy the criteria for receiving Lifeline. I understand this requirement and may be subject to penalties if I fail to notify my phone company. Specifically, I will notify my company if:

- (1) I cease to participate in the above federal or state program, or my annual household income exceeds 135% of the FPG;
- (2) I am receiving more than one Lifeline supported service;
- (3) I no longer satisfy the criteria for receiving Lifeline support;
- (4) Another member of my household is receiving Lifeline support.

\_\_\_\_\_ (3) If I seek to qualify for Lifeline as an eligible resident of Tribal lands, I live on Tribal lands, as defined in 54.400(e)

\_\_\_\_\_ (4) I will notify the company within thirty (30) days of moving. Additionally, if my address listed above is a temporary address, I understand that I must verify my address with the company every ninety (90) days. If I fail to respond to the company's address verification attempts within thirty (30) days, my Lifeline service may be terminated.

\_\_\_\_\_ (5) I understand that I and my household can only have one Lifeline-supported telephone service. The company has explained the one-per-household requirement to me. I understand that violation of the one-per-household requirement constitutes a violation of the FCC's rules, will result in my de-enrollment from the lifeline program, and could result in criminal prosecution by the United States Government.

\_\_\_\_\_ (6) I attest to the best of my knowledge, that I and no one in my household are receiving a Lifeline supported service from any other land line or wireless provider.

\_\_\_\_\_ (7) The information contained in this form remains true and correct to the best of my knowledge.

\_\_\_\_\_ (8) I acknowledge that willfully providing false or fraudulent information to receive Lifeline benefits is punishable by law with fines and imprisonment, and may result in de-enrollment or me being barred from the program.

\_\_\_\_\_ (9) The company has explained to me that I am required each year to re-certify my continued eligibility for Lifeline. If I fail to do so within thirty (30) days, it will result in the termination of my Lifeline service. I acknowledge that, in addition, I may be required to re-certify my continued eligibility at any time, and failure to re-certify will result in de-enrollment and termination of my Lifeline benefits pursuant to 54.405(e)(4).

\_\_\_\_\_ (10) I understand that if my service goes unused for sixty (60) days my service will be suspended, subject to a thirty (30) day period in which I may use the service or contact the company to confirm that I want to continue receiving their service.

\_\_\_\_\_ (11) I authorize and understand that the company may provide to state and Federal agencies, as required by law, for the purposes of complying with the Lifeline program, all information related to my account, including but not limited to: my name, date of birth, social security, usage history, address, and phone number. I understand that a failure to provide this consent will result in my being denied Lifeline service.

\_\_\_\_\_ (12) I understand that my name, telephone number, date of birth, last four digits of my social security number or tribal identification number, and address will be transmitted to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline subsidy. I understand that a failure to provide this consent will result in my being denied Lifeline service.

\_\_\_\_\_ (13) I understand that if USAC identifies I am receiving more than one Lifeline subsidy, all carriers involved may be notified so that I may select one service and be de-enrolled from the other.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT APPLICANT'S NAME

Notice Information:  
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