Planters Rural Telephone Co-op Lifeline Form

O **Initial Lifeline Application (must include proof of eligibility)** O **Annual Lifeline Recertification**

SECTION 1 - Applicant Information *(Applicant is the person who has telephone and/or broadband service with the company).*

Choose **ONE** service to apply the Lifeline discount: (check with provider for availability)

O Telephone O Broadband Internet O Service Bundle (Phone and Internet)

Initial Application Only: If you have Lifeline (free/reduced phone service; broadband internet service or a bundled package with phone and broadband internet service) with another company, do you give Planters Rural Telephone Co-op permission to transfer the Lifeline service? If you answer yes, *you will lose the discount with the other company. If you answer no, you may not receive Lifeline on this account.**

O Yes, transfer my Lifeline service O No, do not transfer my Lifeline Service O I do not currently have Lifeline

First Name* Middle Name/Initial Last Name*

Date of Birth* Last 4-Digits of SSN* Phone Number Email Address

Residential Street Address (*No PO Boxes*)* Unit # City* State* Zip Code*

Is your residential address permanent?* O Yes O No

Is this address occupied by multiple households? O Yes O No
(***if yes, complete Lifeline Household Worksheet on next page***)

Mailing Address (*if different*) Unit # City State Zip Code

Eligible Person's Information. Only complete this part if the person who qualifies for Lifeline is not the Applicant.

First Name Last Name Date of Birth Last 4-Digits of SSN Relationship to Applicant

SECTION 2 - Eligibility Information

I certify that I, my dependent, or my household receives assistance from at least one of the programs listed below, or that my total household income is at or below 135% of the Federal Poverty Guidelines, and that I have provided proof of eligibility.*

2016 135% of the Federal Poverty Guidelines (annual household income before tax)

1 person up to $16,038 per year 2 people up to $21,627 3 people up to $27,216 4 people up to $32,805 5 people up to $38,394 6 people up to $43,983
7 people up to $49,586 8 or more people - add $5,616 for each extra person

Select only one

- ☐ Federal Public Housing Assistance (FPHA)
- ☐ Medicaid
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Supplemental Security Income (SSI)
- ☐ Veterans Pension or Survivors Pension
- ☐ Total Household Income at or below 135% of the Federal Poverty Guidelines

If you checked *Total Household Income* above, provide the number of people in your household.

SECTION 3 - Certification

By signing below, I certify, under penalty of perjury, that the above information is true to the best of my knowledge AND that:

*My household receives only one Lifeline-supported service, and to the best of my knowledge, no one in my household receives Lifeline from another company. *I understand that I must notify the company within 30 days if: (1) I move to a new address, (2) I, or the eligible person in my household, no longer meets the program or income eligibility criteria, (3) my household receives more than one Lifeline-discounted service, or (4) my household, for any reason, no longer meets the criteria to receive Lifeline support, and that I may be penalized for failing to make the above notifications. *I give the company permission to release to the Universal Service Administrative Company (USAC) or its agent any records required to confirm that my household only receives one Lifeline benefit. If USAC finds that my household receives more than one Lifeline benefit, USAC will notify the companies, and I will have to select one service and I will be de-enrolled from the other. *I understand that I must recertify my Lifeline eligibility every year and that I will lose my Lifeline benefit if I do not recertify each year. *I understand that Lifeline is a government program and I may be punished if I knowingly provide false or untrue information to receive Lifeline. Punishment may include being fined, imprisoned, or barred from the Lifeline program.

Signature* **Date***

Send the completed form and proof of eligibility to:

MAIL: Planters Rural Telephone Co-op P.O. Box 8, Newington, GA 30446 EMAIL: planters@planters.net FAX: 912.857.3704

Lifeline is a federal benefit that makes monthly telephone or broadband internet service more affordable for eligible households. Eligible households may apply the monthly Lifeline discount to either broadband internet service (home or wireless) or phone service (home or wireless) but not both. Your household may not receive the Lifeline benefit from more than one company. 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 and expenses. You may not transfer your Lifeline discount to another person, even if he or she is eligible. You may 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 Lifeline.

For Office Use Only: Type of Documentation_____Date Reviewed_____Reviewed by_____ Lifeline Household Worksheet? Yes No Date NLAD Queried _____

PLANTERS RURAL TELEPHONE CO-OP

Lifeline Household Worksheet

Lifeline Program support is a federal benefit that provides a monthly discount on phone service (home or wireless) or broadband internet service (home or wireless) but not both. **Only one Lifeline Program-supported service per household** is allowed under Federal law. Answer the questions on the following page to determine if there is more than one household living at your address, and if your household already receives a Lifeline Program benefit.

Providing false information on this form may result in losing your Lifeline Program-supported service and possible criminal penalties.

Your household is everyone who lives together at your address and contributes to, or shares in, the income and expenses of the household. Household expenses include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Members of a household are not permitted to receive more than one Lifeline Program-supported service. You are receiving a copy of this form because records indicate that more than one person at this address is receiving a Lifeline Program benefit. Each person at this address who receives a Lifeline Program benefit and has not yet completed and returned a household worksheet will receive a copy of this form, pre-populated with his/her name, address and telephone number.

If you DO NOT share income and expenses with the other adult(s) living at this address who receive Lifeline Program benefits, or there are no other adult(s) living at this address receiving Lifeline Program benefits, you **MUST STILL** sign this form to continue to receive your Lifeline Program benefit. If you fail to do so, you will be de-enrolled from your Lifeline Program benefit.

If you live with another adult(s) who shares income and expenses with you and who has a Lifeline Program benefit on his or her phone service, your household is receiving more than one Lifeline Program benefit. If so, you **MUST** take the following steps: (1) consult with the other adult(s) in your household currently receiving a Lifeline Program benefit and decide who will keep the Lifeline Program benefit for the household; and (2) the person who will keep the Lifeline Program benefit, AND ONLY THAT PERSON will fill out the form IN FULL and return it to his or her telephone service provider within 30 of days of the date of this communication. The telephone number listed on this form will be the number which will retain the Lifeline Program benefit.

If the PERSON IN YOUR HOUSEHOLD WHO WISHES TO KEEP THE LIFELINE PROGRAM BENEFIT FOR THE ENTIRE HOUSEHOLD HAS ALREADY PROVIDED a household worksheet to their service provider, then NO FURTHER ACTION IS NECESSARY. (The person named below does not need to sign and send this form to their Lifeline provider).

After 30 days of the date of this letter, all other subscribers at this address below who have not completed a household worksheet will NO LONGER have a Lifeline Program benefit.

Name _____ **Telephone Number** _____

Address _____

Street **Apt.** **City** **State** **Zip**

1. Does your husband, wife, or domestic partner living at your address have a Lifeline Program-discounted phone service?	
_____ **No**. Please answer question 2 below.	_____ **Yes**. If **YOU** are the person who will keep the Lifeline benefit, **check OPTION B at the bottom and sign this Form. If you are not keeping your Lifeline benefit, DO NOT submit this form.**

2. Does another adult (age 18 or older, or emancipated minor) live with you AND have a Lifeline Program-discounted phone service?	
_____ **No. Please check OPTION A below and SIGN THIS FORM.**	_____ **YES**. Please answer question 3 below.

3. Do you share expenses for bills, food, or other living expenses <u>AND</u> share income with the person in question #2?	
_____ **No. Please check OPTION C below and SIGN THIS FORM.**	_____ **Yes**. If **YOU** are the person who will keep the Lifeline Program benefit, **check OPTION B at the bottom and sign this form. If you are not keeping your Lifeline benefit, DO NOT submit this form.**

Please check the box below for the one that applies to you:

OPTION A. [ ] No one in my household, other than myself, is currently receiving a Lifeline Program benefit and therefore I may continue to receive a Lifeline Program benefit.

OPTION B. [ ] There are others in my household that are currently receiving a Lifeline Program benefit; by signing this form, I will be the only member of this household to continue to receive a Lifeline Program benefit.

OPTION C. [ ] There are other adults who reside at the above listed address who receive a Lifeline Program benefit but do not share income and expenses with me, therefore since I am the only member in my household receiving a Lifeline Program benefit, I may continue to receive that benefit.

I certify that the information provided above is true. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline Program benefits, and may be prosecuted by the United States government for violating the rules.

Signature_____ Date_____

Please return the signed form to Planters Rural Telephone Co-op at P.O. Box 8, Newington, GA 30446;
Email: planters@planters.net; Fax: 912.857.3704