

**Highland Telephone Cooperative  
Lifeline Program Application**

Lifeline is a program that helps lower-income consumers to obtain basic telephone service by providing reduced monthly subscription charges. You are eligible for this discount if you participate in or receive benefits from certain government aid programs, or your household income is at or below 135% of the Federal Poverty Guidelines. Only one Lifeline discount is allowed per household. If you have any questions, please call us at **(423) 628-2121** and ask to speak with a Customer Service Representative.

**Do you or anyone else currently receive a Lifeline-supported service at your address?**

Yes

No

\* If you answered "Yes" above, please see a Customer Service Representative before completing this application.

Please print or type the following information:

**Phone Number:** \_\_\_\_\_ **In Service Date:** \_\_\_\_\_

**Residential Address-Post Office Box Not Accepted:**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street and House/Apartment number) (City) (State) (Zip)

**The above address is:**

Permanent

Temporary

**Billing Address (if different from above):**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street and House/Apartment number/PO Box) (City) (State) (Zip)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last four digits)

Phone number where you can be reached or receive messages: \_\_\_\_\_

*Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Only one Lifeline service is available per household. A household is defined as any individual or group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of Federal Communications Commission (FCC) rules and will result in the subscriber's de-enrollment from the program. Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.*

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Does anyone in your household participate in any one of the following programs?

- Medicaid
- Food Stamps
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (Section 8)
- Veterans Pension Benefits
- Survivor Pension Benefits

**Skip this question if program checked above:**

Is your household income at or below 135% of the Federal Poverty Guidelines?  
(See attached chart or a customer service representative for assistance.)

Yes                       No

If "Yes" how many individuals live in your household? \_\_\_\_\_

Name listed on verifying documentation (if different from applicant): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
(Initial) **I understand that submission of this completed Application does not guarantee acceptance into the Lifeline program.**

**I certify, under penalty of perjury, that (please initial each box):**

- I currently receive benefits from one or more of the following programs: Medicaid, Food Stamps, Supplemental Security Income (SSI), Federal Public Housing Assistance (Section 8), Veterans Pension or Survivor Pension: or, my household income is at or below 135% of the Federal Poverty Guidelines;
- My household only receives one Lifeline service and will not seek to obtain additional Lifeline services from other providers;
- The individual named on the documentation demonstrating program participation (if different from the name of the applicant) is part of my household and does not already receive Lifeline;
- I agree to notify Highland Telephone Cooperative within 30 days if for any reason I no longer satisfy the requirements to receive Lifeline service;
- If I move to a new address, I will provide Highland Telephone Cooperative within 30 days. If I provided a temporary address, I will verify this address with Highland Telephone Cooperative every 90 days.
- The information contained on this certification form is true and correct to the best of my knowledge.
- I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and
- I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time and failure to recertify will result in de-enrollment and the termination of my Lifeline benefit.

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

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Initial \_\_\_\_\_

I agree that Highland Telephone may submit my name, telephone number, and address to the Universal Service Administrative Company (USAC) (the administrator of the program) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline benefit. In the event that USAC identifies me as receiving more than one Lifeline subsidy per household, all carriers involved may be notified so that I may select one service and be de-enrolled from the other. I likewise agree that Highland Telephone may submit other personal information I have provided, including birthdate and social security number, to any relevant authority and/or its agents to verify my initial or ongoing eligibility in the program.

**Nondiscrimination Statement**

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

**FOR HTC OFFICE USE ONLY**

**Program or Income Documentation**

Type (circle): Award Letter    Voucher    Benefits Card    Income Statement    Tax Return

Other \_\_\_\_\_ VOICE \_\_\_\_\_ BROADBAND \_\_\_\_\_

Date of Expiration Date: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Other Identifying information about documentation (example: blue SNAP card, letter from state agency):  
\_\_\_\_\_

How documentation was provided (circle)? In Person    Fax    Mail    Electronically    Other \_\_\_\_\_

Reviewing Customer Service Representative's Name: \_\_\_\_\_

Name on documentation (if different from applicant name): \_\_\_\_\_

**Database Verification**

Database Name: \_\_\_\_\_ Date Queried: \_\_\_\_\_

*NOTE: Attach a copy of the database confirmation screen to this application.*