

Application for Lifeline Telephone Service

Lifeline Service

- 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, 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.
- A household is not permitted to receive Lifeline benefits from multiple providers (either landline or wireless).
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's (or "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.

How to apply: four steps

1. Choose whether you will apply because you participate in a qualifying program or because your total household income falls within the guidelines.
2. Fill out the form on the back completely. You must indicate your service address (cannot be a P.O. Box) as well as your billing address (if not the same as your service address), the last four digits of your Social Security Number (SSN) and your date of birth.
3. You must provide photocopies of either the program or income documents.
4. You must sign the bottom of the application indicating that you are complying with the Lifeline benefit rules.

Qualifying Methods

You may qualify for Lifeline either because you participate in one of the following programs or because your income is within the following guidelines.

You MUST send photocopies of any qualifying documentation. NOTE: WE WILL NOT RETURN ANY DOCUMENTATION. Acceptable program proof may include a benefit or award letter, benefit card, voucher, benefit check stub, lease agreement (applicable for FPFA proof only) or utility bill (applicable for LIHEAP proof only).

Program Eligibility

Eligible Programs	
Medicaid	Federal Public Housing Assistance/Section 8 (FPFA)
Food Stamps (Supplemental Nutrition Assistance Program (SNAP))	Low-Income Home Energy Assistance Program (LIHEAP)
Temporary Assistance for Needy Families (TANF)	National School Lunch - Free Lunch Program
Supplemental Security Income (SSI)	

Income Eligibility

Including yourself, your household has:	Your household income is at or below:
1 person	\$ 15,512
2 people	\$ 20,939
3 people	\$ 26,366
4 people	\$ 31,793
5 people	\$ 37,220
For each additional person, add \$5,427	

Documentation needed to qualify for Lifeline through income is noted on next page. Income must be provided for entire household.

Charges and Credit

Customers eligible for Lifeline assistance receive a credit of \$10.38 on their monthly bill. You are still responsible for charges on your line. See page 3 for an explanation of charges.

For Company use only:

Date Verified: _____ Initials: _____ Qualifiers Name: _____

Type of document for program eligibility: _____

Type of document for income eligibility: _____ Total Gross Income: _____

Application for Lifeline Telephone Service

When completed, mail or fax form to:
New Hope Telephone Cooperative
P.O. Box 66
New Hope, VA 24469
Fax: (540)363-8277

Applicants Name _____

Street Address _____ Temporary (Required) Yes No

City _____ State _____ Zip Code _____

Billing Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Applicants SSN (last 4 digits) _____ Date of Birth _____

Please choose 1 OR 2

- I certify that I participate in at least one of the following programs (check all that apply) and I am providing a photocopy of a document that demonstrates my participation in one of these programs. Acceptable program proof may include a benefit or award letter, benefit card, voucher, benefit check stub, lease agreement (applicable for FPHA proof only), or utility bill (applicable for LIHEAP proof only).
NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Federal Public Housing Assistance (FPHA)
<input type="checkbox"/> Food Stamps (Supplemental Nutrition Assistance Program – SNAP)	<input type="checkbox"/> Low Income Energy Assistance Program (LIHEAP)
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> National School Lunch - Free Lunch Program
<input type="checkbox"/> Supplemental Security Income (SSI)	

- I certify that my total household income falls within the guidelines listed on Page 1 and I also certify that this is how many people live in my household (**required**): _____.

I am providing a photocopy of the following qualifying documents to demonstrate income for my entire household:

<input type="checkbox"/> Prior year's state or federal tax return	<input type="checkbox"/> Retirement / pension statement of benefits
<input type="checkbox"/> Current income statement from an employer	<input type="checkbox"/> Unemployment/Workmen's Compensation statement of benefits
<input type="checkbox"/> Paycheck stubs for most recent 3 months	<input type="checkbox"/> Federal notice letter of participation in General Assistance
<input type="checkbox"/> Social Security statement of benefits	<input type="checkbox"/> Veterans Administration Statement of Benefits
<input type="checkbox"/> Child Support document	<input type="checkbox"/> Other official document containing income information
<input type="checkbox"/> Divorce decree	

I certify, under penalty of perjury, that:

- I meet the income-based or program-based eligibility criteria for receiving Lifeline, shown above.
- I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit.
- If I move to a new address, I will provide that new address to New Hope Telephone Cooperative within 30 days.
- If my address listed above is a temporary address, I understand that I must verify my temporary address with New Hope Telephone Cooperative every 90 days. If I fail to respond to New Hope Telephone Cooperative's address verification attempts within 30 days, my Lifeline benefits may be terminated.
- My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.
- The information contained in 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.
- I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

I hereby authorize New Hope Telephone Cooperative to release any of my information contained in this Lifeline Application required for the administration of the Lifeline program to the FCC or its designee, including the Universal Service Administrative Company, and to any state and federal agency, as required by law.

Applicants Signature _____ Date _____

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Monthly Charges

The following tables show charges you are responsible for paying on your monthly bill.

Local Service

Description	Charge
Private Residence ^{SX-FX}	\$13.50
Mileage Zone ^{SX-FX}	Zone 0: No charge Zone 1: \$0.75 Zone 2: \$1.50 (Based upon your location in our serving area)
Interstate Access Charge ^{SX-FX}	\$6.50
Access Recovery Charge ^{FX}	\$0.50
E-911 Tax	\$0.75
Public Rights-Of-Way Fee	\$1.05
State Tax	5% of monthly taxable items
Federal Tax	1% of monthly taxable items
^{SX} = State Taxable	
^{FX} = Federal Taxable	

Calling Plans (To Waynesboro Exchanges)

Description	Monthly Recurring Charge	Per Minute Charge
Economy Plan ^{SX-FX}	None	\$0.10
Value Plan ^{SX-FX}	\$2.30	\$0.05
Premium Plan ^{SX-FX}	\$14.80	None

Regional Toll (New Hope Telephone Cooperative as INTRA-Lata Carrier) ^{SX-FX}

Based on mileage from New Hope Telephone Cooperative central office, time of day and day of week.

Miles	Initial Minute			Additional Minutes		
	Period 1	Period 2	Period 3	Period 1	Period 2	Period 3
8	\$ 0.21	\$ 0.13	\$ 0.08	\$ 0.12	\$ 0.07	\$ 0.05
13	0.25	0.15	0.10	0.14	0.08	0.06
18	0.30	0.18	0.12	0.19	0.11	0.08
23	0.34	0.20	0.14	0.20	0.12	0.08
38	0.37	0.22	0.15	0.22	0.13	0.09
48	0.46	0.28	0.18	0.29	0.17	0.12
58	0.48	0.29	0.19	0.31	0.19	0.12
78	0.50	0.30	0.20	0.32	0.19	0.13
118	0.51	0.31	0.20	0.33	0.20	0.13
194	0.52	0.31	0.21	0.37	0.22	0.15
9999	0.54	0.32	0.22	0.39	0.23	0.16

Time Schedule

Period 1	7:00:00 AM – 6:59:59 PM, Monday through Friday
Period 2	7:00:00 PM – 6:59:59 AM, Monday through Friday
Period 3	7:00:00 AM – 7:00:00 AM, Saturday, Sunday and Holidays Holidays: New Years Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.

INTER-Lata Toll ^{SX-FX}

You will need to consult with your INTER-Lata toll provider for their charges.

^{SX} = State Taxable, ^{FX} = Federal Taxable