

**HAYNEVILLE FIBER TRANSPORT, INC.
D/B/A CAMELLIA COMMUNICATIONS
LIFELINE RATE ASSISTANCE RECERTIFICATION**

Assigned Telephone Number: _____

Assigned Customer/Member/Account Number: _____

CONTINUED ELIGIBILITY FOR LIFELINE ASSISTANCE IN ALABAMA IS DEPENDENT UPON MEETING **EITHER** THE INCOME-BASED REQUIREMENT IN PARAGRAPH 1 **OR** THE PROGRAM-BASED REQUIREMENT IN PARAGRAPH 2 BELOW.

PLEASE COMPLETE THE INFORMATION BELOW AND SIGN AND RETURN THIS FORM TO CAMELLIA COMMUNICATIONS NO LATER THAN _____, 20____, OR YOUR LIFELINE BENEFITS WILL BE SUBJECT TO TERMINATION ON _____, 20____.

1. _____ I hereby certify that I qualify for Lifeline Assistance because my annual household income is at or below 135% of the Federal Poverty Guidelines for a household of its size, as shown in the chart below. I understand that a “household” may be a single individual; a household may also be a group of people who are living together at the same address who are contributing to and sharing in the household’s income and expenses. A household may include related and unrelated persons.

_____ I certify that there are presently _____ members in my household, including me.

Household Size	Annual Income
1	\$16,281
2	\$21,924
3	\$27,567
4	\$33,210
5	\$38,853
For each additional person, add	\$5,643

2. _____ I hereby certify that I qualify for Lifeline Assistance because I, my dependent who lives in my household or another resident of my household participate(s) in:

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

PENALTY OF PERJURY

I hereby certify under penalty of perjury by initialing in each of the spaces provided below that:

_____ I understand and acknowledge that Lifeline Assistance is a federal government benefit program and that willfully making false statements or providing false or fraudulent documentation in order to obtain the benefit is punishable by law and can result in fines, imprisonment, de-enrollment or being barred from the program.

_____ I certify that I (or my dependent or another member of my household) meet the income-based or program-based eligibility criteria for receiving Lifeline Assistance, as stated above.

_____ I certify that, to the best of my knowledge, no one at my household is already receiving Lifeline Assistance from any other telephone or wireless (cellular) provider, and I have not enrolled with any other company to receive Lifeline Assistance. I understand that Lifeline Assistance is only available for one telephone or wireless (cellular) line or one broadband Internet access service per household and that my household is not permitted to receive Lifeline benefits from more than one provider.

_____ I understand that the violation of this “one-per-household” rule constitutes a violation of the rules of the Federal Communications Commission and will result in my de-enrollment from the Lifeline Assistance program.

_____ I certify that if I move to a new address, I will provide my new address to the Company within thirty (30) days.

_____ I certify that I will notify the Company within thirty (30) days if I or the qualifying resident of my household no longer satisfy the requirements for receiving Lifeline Assistance, including (1) I or the qualifying resident of my household no longer participate in the government assistance program(s) that qualify me for Lifeline Assistance; (2) my annual household income exceeds 135% of the Federal Poverty Guidelines; (3) 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); or (4) I no longer qualify to receive Lifeline Assistance for any other reason.

_____ I understand that it is a violation of federal law to rent, sell or give away Lifeline Service, and I certify that I will not transfer my service to any other individual, including any person who may be eligible for Lifeline Assistance.

_____ I understand and acknowledge that I may be required to re-certify my continued eligibility for Lifeline Assistance at any time. Failure to re-certify my continued eligibility will result in de-enrollment from the Lifeline program and the termination of my Lifeline benefits.

_____ I understand that the personal information on this form will be provided to the Administrator of the National Lifeline Accountability Database (NLAD), including my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, the telephone number associated with the Lifeline benefit, the date on which the Lifeline service began, the date on which the Lifeline benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline benefit. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program, and I hereby consent to the release of that information to the NLAD Administrator. **I understand that I will be denied Lifeline Assistance if I do not agree to the release of this information.**

SUBSCRIBER’S FULL NAME: _____

SUBSCRIBER’S RESIDENTIAL ADDRESS (no P.O. Box):

STREET ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

THIS ADDRESS IS: _____ TEMPORARY _____ PERMANENT

SUBSCRIBER’S BILLING ADDRESS (IF DIFFERENT) (may include a P.O. Box):

STREET ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SUBSCRIBER’S DATE OF BIRTH (mm/dd/yyyy): _____

SUBSCRIBER’S SOCIAL SECURITY NUMBER (LAST 4 DIGITS): _____

Lifeline is a 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.

_____ I hereby certify, under penalty of perjury, that all of the information on this form is true and correct to the best of my knowledge. I have read the information on this verification form and understand that I must meet the above qualifications to receive assistance from the Lifeline Assistance Program.

SUBSCRIBER'S SIGNATURE: _____ DATED: _____