

Franklin Telephone Co., Inc. Lifeline Annual Recertification

Please complete Sections 1, 2 and 3 below. You must return this form within 30 days to continue your Lifeline benefits.

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

First Name*	Middle Name/Initial	Last Name*
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date of Birth*	Last 4-Digits of SSN*	Phone Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Email Address		
<input style="width: 95%;" type="text"/>		
Residential Street Address (No PO Boxes)*	Unit #	City*
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
		State*
		<input style="width: 95%;" type="text"/>
		Zip Code*
		<input style="width: 95%;" type="text"/>
Is your residential address permanent?* <input type="radio"/> Yes <input type="radio"/> No		
Mailing Address (if different)	Unit #	City
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
		State
		<input style="width: 95%;" type="text"/>
		Zip Code
		<input style="width: 95%;" type="text"/>

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
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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.*

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

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Federal Public Housing Assistance or Section 8
<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)
<input type="checkbox"/> Medicaid
<input type="checkbox"/> National School Lunch free lunch program | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Temporary Assistance For Needy Families (TANF)
<input type="checkbox"/> 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 initialing each line below, I certify, under penalty of perjury, 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 telephone company.

___*I understand that I must notify the telephone 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 telephone, 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 telephone 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 telephone 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.

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

Signature*	Date*
<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>

Send the completed form to:
MAIL: Franklin Telephone Co., Inc. PO Box 446, Bude, MS 39630 Fax: 601-384-5500

Lifeline is a federal benefit that makes monthly telephone service more affordable for eligible households. Your household may receive Lifeline on one wireless OR one home telephone, but not both. Your household may not receive the Lifeline benefit from more than one telephone 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.