



South Carolina Lifeline Assistance Application

Step 1: Applicant Information (fill in each block entirely)

Your Hargray Phone #	First Name	MI	Last Name
Address Where Service Is Located (No PO Boxes)			City & State
Is this your permanent address? (circle one) YES NO			Zip Code
Billing Address, City, State & Zip Code (If different from Service Address) (PO Boxes Allowed)			
Last 4 Digits of Social Security Number		Date of Birth	

Step 2: Determine whether you qualify for lifeline based on participation in the eligible programs of section A, or because you meet the income eligibility requirements of section B.

Section A

PROGRAM ELIGIBILITY: check the following program(s) in which you, or a member of your household, currently participate. Please attach a copy of eligibility documentation. If the program participant is not you, but a member of your household, please print the name of the program participant here:

Federal Public Housing Assistance (FPHA) or Section 8	Supplemental Security Income (SSI)
National School Lunch Program – Free Lunch Program	Medicaid
Low Income Home Energy Assistance Program (LIHEAP)	Temporary Assistance for Needy Families (TANF)
Supplemental Nutrition Assistance Program (SNAP) formerly known as food stamps	

Section B

INCOME ELIGIBILITY GUIDELINES: If you do not participate in any of the programs above, you may still be eligible for Lifeline Assistance if your annual household income is at or below the amounts shown below (135% of 2013 FPG) depending on the size of your household. PLACE A CHECK next to the total number of people in your household. Please indicate the number of household members if more than 8.	
Persons in family/household	2013 Poverty Guideline – 135%
1 _____	\$15,512
2 _____	\$20,939
3 _____	\$26,366
4 _____	\$31,793
5 _____	\$37,220
6 _____	\$42,647
7 _____	\$48,074
8 _____	\$53,501
For families/households with more than 8 persons, add \$5,427 for each additional person:	

PLEASE COMPLETE NEXT PAGE. BOTH PAGES OF THIS APPLICATION ARE REQUIRED IN ORDER TO PROCESS YOUR APPLICATION

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IT IS IMPORTANT FOR YOU TO KNOW:

- 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
- 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

YOUR APPLICATION CANNOT BE PROCESSED WITHOUT YOUR CERTIFICATION:

Certification

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, (a) if I no longer meet the income-based or program-based criteria for receiving Lifeline support; (b) I am receiving more than one Lifeline benefit, (c) 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 Hargray within 30 days.
- 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 Hargray 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.

Applicant's Signature: _____ Date: _____