

Hawaiian Telcom Internet Kokua Program

Application & Customer Certification

Mail to: Hawaiian Telcom, ATTN: SRC – Internet Kokua Program

1177 Bishop St, Suite 3, Honolulu, HI 96813

For assistance call: 643-3456

Complete item 1, and review items 2 through 6. Fill out the required customer information and please sign. Include required proof of income and return to mailing address provided above.

1. My household income is at or below 135% of Federal Poverty Guidelines (FPG):

My monthly total household income is: _____

I certify the number of persons in my household is: _____

2. To qualify for the Hawaiian Telcom Internet Kokua Program, please include the following documentation with this application:
- Proof of income-based eligibility. Acceptable documentation includes one of the following: Prior year's State or Federal tax return, prior year's wage and tax statement or W-2, current income statement from an employer or paycheck stub (3 consecutive months' worth), a Social Security statement of benefits, VA statement of benefits, retirement/pension statement, or Unemployment/Workmen's Compensation statement of benefits.

2018 Estimated Income Requirements for a Household at or below 135% of the Federal Poverty Guidelines:

Persons in Family Unit	Income	Persons in Family Unit	Income	Persons in Family Unit	Income
1	\$18,846	4	\$38,974	7	\$59,103
2	\$25,556	5	\$45,684	8	\$65,812
3	\$32,265	6	\$52,394		

For each additional person in household, add \$6,710.

3. **My Hawaiian Telcom service has not been suspended for non-payment within one (1) year of this application.**
4. Neither I nor anyone else in my household is receiving discounts from Hawaiian Telcom's Internet Kokua Program.
5. I will notify Hawaiian Telcom within 30 days if I no longer qualify for the Internet Kokua Program.
6. I acknowledge that once a year, Hawaiian Telcom will mail me an Internet Kokua Program re-certification form, which I **MUST** complete, sign, and mail back, along with proof of eligibility, to Hawaiian Telcom before the renewal deadline. Failure to return the completed and signed form will result in the discontinuation of my Internet discount.

Under penalty of perjury, I hereby certify the information provided in the form above is true to the best of my knowledge. I fully understand that Hawaiian Telcom reserves the right to verify any of the statements in this application. If I knowingly make any false statements concerning my qualifications, I agree to pay all charges to return my service to regular rates, and to pay the difference between regular rates and the discounted rates retroactive to the date when the application was made.

Customer Name (Please Print) _____ Account Number to Receive Discount (if applicable) _____

Customer Service Address _____ City _____ Zip Code _____

Customer Billing Address (if different) _____ City _____ Zip Code _____

Customer Last 4 digits of Social Security # _____ Customer Date of Birth (mm/dd/yyyy) _____

Customer Signature _____ Date _____ Daytime Contact Number _____

Don't forget to sign the form and include the required income documentation.