

**Lifeline Self-Certification Affidavit
by Qualified Low-Income Consumers
CAMERON COMMUNICATIONS**

Subscriber's Name _____

Subscriber's Physical Address _____

Subscriber's Mailing Address (if different) _____

Subscriber's Home Phone No. _____

I certify under penalty of perjury that I, the undersigned, am eligible to receive the Lifeline discount as I am an eligible recipient of one or more of the entitlement programs listed below OR that my income level is at or below 135% of the Federal Poverty Guidelines:

(Check all applicable)

- Food Stamps
- Medicaid
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low-Income Home Energy Assistance Program
- TAMP-Temporary Assistance to Needy Families (*new*)**
- National School Lunch Program's (NSL) Free Lunch Program (*new*)**
- At or below ***135% of the Federal Poverty Level*** (may attach latest tax return or other income verification information (at least 3 pay stubs))

I certify that:

- the affected telephone service is at my residence service and the account is in my name;
- I am not listed as a dependent on another person's tax return;

I agree to notify the company if and when I am no longer eligible to receive the Lifeline Discount either through ineligibility of the qualifying programs or improved financial status.

I authorize Cameron Telephone Company to access any records necessary to verify these statements and to confirm my continued participation in the Lifeline Discount.

Signature of Subscriber: _____

Date: _____

Return Form to: **CAMERON COMMUNICATIONS
Attn: Lifeline Verification
P. O. BOX 167
SULPHUR, LA 70664-0167**