

LIFELINE ASSISTANCE APPLICATION
Certification Form

| Office Use Only | |
|--|---|
| Application ID | _____ |
| Company Name | Washington County Rural dba Telemedia Solutions |
| Company Code | 0834 |
| Customer provided following documentation: _____ | |
| Name of HH member enrolled in program: _____ | |
| Initials of reviewer: _____ Date: _____ | |

Please verify your eligibility:

1. Complete Section A Personal Information
2. Complete Section B **OR** Section C (on reverse side)
3. Complete Section D if applicable (on reverse side)
4. **Initial, sign** and date the form **in Section E on the reverse side**
5. **Attach a copy of your most recent telephone bill and documents to support your eligibility**
6. **Mail the application, bill and documents** to Lifeline Administrator, 30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685

A. PERSONAL INFORMATION

The person below **MUST BE** the same person listed on the telephone bill. Please remember to complete Section E on the **reverse** side.

Customer Name _____
Mailing Address _____

LL Telephone No. _____
Service Address _____

Date of Birth: Month _____ Day _____ Year _____
(Required)

- Check if service address is temporary
 Check if service address is multi-household

Last 4 digits of SSN: _____
(Required)

Check if applying for: Voice Lifeline OR Broadband Lifeline (if offered by my service provider)

If applying for Broadband, provide your Billing Account Number (BAN): _____

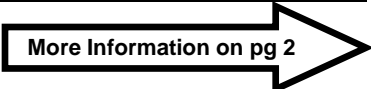
Lifeline is a federal government assistance benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program. Only one Lifeline service is available per household. A household is defined, for the purposes of the Lifeline program, as any individual or group of individuals who live together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. A household may include related and unrelated persons. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in de-enrollment from the program. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person.

B. PROGRAM-BASED ELIGIBILITY

Check all program(s) in which you or a household member is currently enrolled. You must provide proof of program participation. This could include a copy of your benefit ID card, a copy of an eligibility letter from an authorized agency or prior year's statement of benefits. (Do not send original documents.)

| | |
|---|--|
| <input type="checkbox"/> Food Stamps/SNAP | <input type="checkbox"/> Federal Public Housing Assistance (FPHA) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Veterans Pension and Survivors Benefit Programs |
| <input type="checkbox"/> Supplemental Security Income (SSI) (Not the same as Social Security Benefits) | |

(Documentation will NOT be returned)



C. INCOME-BASED ELIGIBILITY

Calculate **TOTAL** household income by reporting the income of all adult persons residing in your home in the appropriate category:

| Income Source | Amount | Household Size | Yearly Income |
|--|--------|----------------|--------------------|
| Prior year's State, Federal or Tribal tax return OR | | You must | @ 135 % of Federal |
| Social Security; Retirement income | | Circle One | Poverty Guidelines |
| Alimony or Child Support | | 1 | \$16,281 |
| Wages | | 2 | \$21,924 |
| Bureau of Indian Affairs General Assistance | | 3 | \$27,567 |
| Unemployment; Worker's Compensation | | 4 | \$33,210 |
| If you have more than 4 people in your household, write the number and add \$5,643 for each additional person. | | _____ | |

You must attach proof of income as reported above, examples include:

- Prior year's State, Federal or Tribal tax return **OR**
- **Three months' worth** of your most recent paycheck stub(s) from all employers
- Most recent statement from each type of current income source(s) noted
- Social Security statement of benefits
- Veterans Administration statement of benefits
- Retirement/Pension statement of benefits
- Unemployment/Workmen's Compensation statement of benefits
- Child Support documentation
- Federal or Tribal notice letter of participation in Bureau of Indian Affairs General Assistance **OR**
- Divorce Decree

(Documentation will NOT be returned)

D. LIFELINE DISCOUNT BENEFIT TRANSFER

If you are currently receiving Lifeline from another provider and you wish to transfer your Lifeline discount to Washington County Rural dba Telemedia Solutions, you **MUST** initial the following statement.

_____ I authorize Washington County Rural dba Telemedia Solutions to transfer any pre-existing Lifeline discount with a different provider to my Washington County Rural dba Telemedia Solutions account, subject to all terms and conditions described in this application, understanding that only one Lifeline supported service is available per household. I realize that my pre-existing account may be subject to normal charges and fees

E. SIGNATURE (This section must be filled out completely)

Please read the following statements, initial by each certification, and sign below. [Disclosure Statement: Perjury and false statements are punishable by fine and/or imprisonment under Title 18 of the U.S. Code.]

By signing below, I certify under penalty of perjury, to each and every one of the following:

- _____ 1 I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in 47 C.F.R. Section 54.409. I have provided documentation of eligibility;
- _____ 2 I will notify the carrier within 30 days if, for any reason, I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;
- _____ 3 (**Only if applicable**) If I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, I live on Tribal lands, as defined in 47 C.F.R. Section 54.400(e);
- _____ 4 If I move to a new address, I will provide that new address to the telephone company within 30 days;
- _____ 5 (**Only if applicable**) If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address every 90 days;
- _____ 6 My household will receive only one (1) Lifeline service, and, to the best of my knowledge, my household is not already receiving a Lifeline service;
- _____ 7 The FCC has ordered the creation of a National Lifeline Accountability Database. Washington County Rural dba Telemedia Solutions must provide my name, date of birth, telephone number, residential address, the last four digits of my social security number (or Tribal ID), the amount of my discount, the dates of my service with Washington County Rural dba Telemedia Solutions and the method by which I qualified to the database to ensure proper administration of the Lifeline program. Failure to provide consent will result in being denied Lifeline service pursuant to 47 C.F.R. Section 54.404(b)(9);
- _____ 8 I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. Section 54.405(e)(4);
- _____ 9 I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law;
- _____ 10 The information contained in the application and certification form is true and correct to the best of my knowledge; and
- _____ 11 I acknowledge that information from this certification will be given to USAC and/or its agents for purpose of verifying that my household does not receive more than one benefit and that USAC may require additional information in order to verify my eligibility.

X _____
Customer Signature

Date