

EXHIBIT D

Model Application/Certification Form (Maryland)



Channel ID: _____
(If Applicable)

LIFELINE PROGRAM FOR THE STATE OF MARYLAND

To apply for Lifeline through Total Call Mobile, please complete this form and submit it to the address at the bottom of the form. For more information or assistance, call 1-800-661-7391. *When you submit this application, you must include the supporting documentation indicated below. Supporting documentation will not be returned.*

1. CUSTOMER INFORMATION

First Name: _____ Last Name: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____
(P.O. Box NOT sufficient)

Home Address: Permanent Temporary Date of Birth (MM/DD/YYYY): _____

Billing Address, if different from above: _____ City: _____ State: _____ Zip Code: _____
(P.O. Box IS sufficient)

Last 4 Digits of SSN: _____ Public Aid Case Number (if applicable): _____

Phone Number: (____) - ____ - _____ E-mail: _____

2. PROGRAM-BASED ELIGIBILITY

To qualify for Lifeline, you must complete either this Section or Section #3 below. Check all program(s) that the person in Section #1 is enrolled in. *If you are qualifying for Lifeline under this Section (i.e. by being enrolled in at least one of the following programs), you must provide current proof of program participation with this application.* If any member of your household is a National School Lunch participant, you can check the box for that program.

- | | |
|--|--|
| <input type="checkbox"/> Electric Universal Service Program | <input type="checkbox"/> National School Lunch Program (free program only) |
| <input type="checkbox"/> Federal Public Housing / Section 8 | <input type="checkbox"/> Public Assistance to Adults |
| <input type="checkbox"/> Food Supplement Program/ Food Stamps | <input type="checkbox"/> Supplemental Security Income |
| <input type="checkbox"/> Low Income Home Energy Assistance Program | <input type="checkbox"/> Temporary Assistance for Needy Families |
| <input type="checkbox"/> Maryland Energy Assistance Program | <input type="checkbox"/> Temporary Cash Assistance |
| <input type="checkbox"/> Medicaid / Medical Assistance | <input type="checkbox"/> Temporary Disability Assistance Program |

3. INCOME-BASED ELIGIBILITY

To qualify for Lifeline, you must complete either this Section or Section #2 above. To qualify based upon your household income, the income of all your household members must be less than the amount indicated in the table below. If your household size is greater than 8, the maximum annual household income to qualify for Lifeline is the income indicated for 8 household members plus \$5,157 for each additional household member.

Household Members: <i>(check the box which applies)</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	___ Specify
Maximum Annual Household Income:	\$14,702	\$19,859	\$25,016	\$30,173	\$35,330	\$40,487	\$45,644	\$50,801	\$_____
Customer Annual Household Income: \$	_____								

If you qualify for Lifeline under this Section, attach the prior year's state or federal tax return for each household member or your most recent statements of income from the following sources:

- | | |
|---|--|
| - Divorce Decree / Child Support Documents | - Unemployment / Workers' Compensation Benefits Statements |
| - Paystubs (most recent three consecutive months) | - Veterans Administration Benefits Statements |
| - Retirement / Pension Benefit Statements | - W2 Statements |
| - Social Security Benefits Statements | |

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4. LIFELINE PLAN SELECTION

Please check the box for the monthly plan that you would like to sign up for (you may change your plan at the end of any month by calling 1-800-661-7391):

- PLAN 1 (150 minutes including select international calls for free)
- PLAN 2 (250 domestic minutes for free)
- PLAN 3 Unlimited Talk & Text for \$26.49 (regularly \$39.99)
- PLAN 4 Unlimited Talk, Text & Data for \$36.49 (regularly \$49.99)

5. MULTIPLE HOUSEHOLDS AT THE SAME ADDRESS

- If you reside at an address occupied by multiple households, including adults who do not contribute income to your household and/or share in your household's expenses, please contact Total Call Mobile and you will be provided an additional form to complete. I certify that I reside at an address occupied by multiple households and have completed an additional form.

6. ACTIVATION AND USAGE REQUIREMENTS

Total Call Mobile Lifeline Plans are a prepaid service. When you receive your phone, contact Total Call Mobile at 611 to activate. To keep your account active, you must use your Lifeline service at least once during any 60 day period by completing an outbound call, purchasing additional minutes, answering an in-bound call from someone other than Total Call Mobile, or by responding to a direct contact from Total Call Mobile confirming that you want to continue receiving Lifeline service with Total Call Mobile. If your service goes unused for 60 days, you will no longer be eligible for Lifeline benefits and your service will be suspended (allowing only 911 calls and calls to customer service) subject to a 30-day cure period during which you can contact Total Call Mobile to confirm that you want to continue receiving Lifeline service from Total Call Mobile.

By signing and initialing each box below, I affirm that the information contained on this form is true and correct under penalty of perjury:

7. SIGNATURE _____

Date: _____

(Required)

- _____ The information contained within this enrollment form is true and correct. I further acknowledge that Lifeline is a federal benefit program and that providing false or fraudulent statements or documentation in order to receive Lifeline is punishable by law, including fines, imprisonment, de-enrollment, or being barred from the Lifeline program.
- _____ I meet the income-based or program-based eligibility criteria for receiving Lifeline service and have provided documentation of eligibility as required by this enrollment form.
- _____ I understand that Lifeline is only available for one landline or one wireless phone per household (not both); a violation of this requirement would constitute a violation of law and would result in my de-enrollment from the Lifeline program.
- _____ My household is not already receiving Lifeline service from another company. I certify that I am the head of my household and understand that, for the purposes of the Lifeline program, a household is an individual or group of individuals who live together at the same address and share the same income and expenses.
- _____ I understand that I may be required to verify my continued eligibility for the Lifeline program at any time and that failure to do so will result in de-enrollment.
- _____ The address listed in this form is my primary residence, not a second home or a business. If I move to a new address, I will notify Total Call Mobile within 30 days. If I checked "Temporary" address in Section 1 above, I acknowledge that I must recertify my address every 90 days.
- _____ I will notify Total Call Mobile 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, I begin receiving more than one Lifeline benefit, or another member of my household starts receiving a Lifeline benefit. I understand that I may be subject to penalties if I fail to follow this requirement.
- _____ I authorize Total Call Mobile to access my records in order to verify eligibility as required by federal or state agencies. I understand that my information (specifically, my full name, address, date of birth and the last four digits of my social security number) will be transmitted to administrators managing state and/or federal databases.
- _____ Lifeline is not transferable. I will only use this phone for my family's own use and will not resell it, or give it to others.
- _____ In addition, I acknowledge that Lifeline enrollment may be terminated by Total Call Mobile in the event that federal or state Lifeline Programs are changed or terminated, if I no longer qualify for Lifeline, if Total Call Mobile discontinues its Lifeline participation, if I do not use the Lifeline phone for 60 days, or if I breach the terms and conditions at totalcallmobile.com/lifeline.

Please mail this application, with supporting documentation to:

Total Call Mobile, Lifeline Program
1411 W. 190th Street, Suite 700, Gardena, CA 90248

