Lifeline allows customers to receive discounts of up to \$9.25 off their voice and broadband service rates if they meet program-based or income-based eligibility requirements.

<u>Program-Based Eligibility Requirements</u> – To be eligible for Lifeline using the program-based eligibility option, a customer must be on Medicaid, Supplemental Nutrition Assistance Program (SNAP), Federal Public Housing Assistance, Section 8 (FPHA), Veteran's Pension & Survivor Benefit, or Supplemental Security Income (SSI).

<u>Income-Based Eligibility Requirements</u> – To be eligible for Lifeline using the income-based eligibility option, the customer's household income must be at or below 135% of the Federal Poverty Guidelines for a household of that size. Please see the income eligibility table on page 2.

Please fill in all information as completely as possible. In addition, please provide supporting documents to prove you meet the program-based or income based eligibility requirements. Information shared with the Company will be treated as confidential and will only be used to assess your eligibility for Lifeline.

Name (please print)	Telephone Number
Residential Address	Telephone Company
City, State, Zip Code	Date of Birth
Last 4 Digits of Social Security Number	
Billing Address if Different from Residential Address Listed About Check here if Residential Address is a temporary a	
Program-Based Eligibility	
Put a check mark (✓) in the box next to each of the progra	ams you are currently enrolled in:
 □ Medicaid □ Veteran's Pension & Survivor Benefit □ Supplemental Nutrition Assistance Program (SNAF □ Federal Public Housing Assistance (FPHA), Sectio □ Supplemental Security Income (SSI) 	

If you are **not** eligible for any of the above programs, you <u>may</u> still be eligible based on your household income level.

Income-Based Eligibility

□ Income-Based Eligibility – Household income is at <u>or</u> below 135% of the Federal Poverty Guidelines for a household of that size. Please see the chart below for further details.

Income-Based Eligibility Federal Poverty Guidelines Chart 2016

Family Unit (Household) Size	Lifeline Eligibility Income Limit (yearly)
1	\$16,038
2	\$21,627
3	\$27,216
4	\$32,805
5	\$38,394
6	\$43,983
7	\$49,586
8	\$55,202
For each additional person in the household, add	\$5,616

Definitions (Source - 47 C.F.R 54.400)

<u>Household</u>. A "household" is any individual or group of individuals who live together at the same address as one economic unit. A household may include related and unrelated persons. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. An adult is any person eighteen years or older. If an adult has no <u>or</u> minimal income, and lives with someone who provides financial support to him/her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents or guardians.

<u>Income</u>. "Income" is <u>all</u> income actually received by <u>all</u> members of a household. This includes salary <u>before</u> deductions for taxes, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, lottery winnings, and the like. The <u>only exceptions</u> are student financial aid, military housing and cost-of-living allowances, irregular income from occasional small jobs such as baby-sitting or lawn mowing, and the like.

Conditions applicable to Lifeline

- (i) 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;
- (ii) Only one Lifeline service is available per household;
- (iii) 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;
- (iv) A household is not permitted to receive Lifeline benefits from multiple providers;
- (v) Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program; and
- (vi) Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.
- (vii) A Lifeline benefit is not available if a subscriber was enrolled in a qualifying Lifelinesupported broadband Internet access service offering with another Lifeline provider within the previous 12 months or enrolled in a qualifying Lifeline-supported voice telephony service offering with another Lifeline provider within the previous 60 days, with some exceptions.

Initial	that	you	have	read	these	conditions	
		,					

Certification

I certify under penalty of perjury that:

- 1) I meet the program-based or income-based eligibility criteria I have identified on page 1;
- 2) I will notify the Telephone Company 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 incomebased 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) If I move to a new address, I will provide that new address to the Telephone Company within 30 days;
- 4) If I provided a temporary residential address to the Telephone Company, I will be required to verify my temporary residential address every 90 days;
- 5) My household will receive only <u>one</u> Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service, other than that to which I am certifying herein;
- 6) The information contained in this certification form is true and correct to the best of my knowledge;
- 7) I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law;
- 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 deenrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. §

54.405(e)(4); and 9) if I am receiving tribal Lifeline, I am an eligible resident living on Tribal lands, as defined in 47 C.F.R. 54.400.

Applicant's Signature	Date	

RT COMMUNICATIONS, INC. Lifeline Household Worksheet

Lifeline Program support is a federal benefit that provides a monthly discount on home phone (i.e., landline phone) or cell phone service. **Only one Lifeline Program-supported service per household** is allowed under Federal law. Answer the questions on the following page to determine if there is more than one household living at your address, and if your household already receives a Lifeline Program benefit.

Providing false information on this form may result in losing your Lifeline Program-supported service and possible criminal penalties.

Your household is everyone who lives together at your address and contributes to, or shares in, the income and expenses of the household. Household expenses include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Members of a household are not permitted to receive more than one Lifeline Program-supported service. You are receiving a copy of this form because records indicate that more than one person at this address is receiving a Lifeline Program benefit. Each person at this address who receives a Lifeline Program benefit and has not yet completed and returned a household worksheet will receive a copy of this form, pre-populated with his/her name, address and telephone number.

If you DO NOT share income and expenses with the other adult(s) living at this address who receive Lifeline Program benefits, or there are no other adult(s) living at this address receiving Lifeline Program benefits, you MUST STILL sign this form to continue to receive your Lifeline Program benefit. If you fail to do so, you will be de-enrolled from your Lifeline Program benefit.

If you live with another adult(s) who shares income and expenses with you and who has a Lifeline Program benefit on his or her phone service, your household is receiving more than one Lifeline Program benefit. If so, you **MUST** take the following steps: (1) consult with the other adult(s) in your household currently receiving a Lifeline Program benefit and decide who will keep the Lifeline Program benefit for the household; and (2) the person who will keep the Lifeline Program benefit, AND ONLY THAT PERSON will fill out the form IN FULL and return it to his or her telephone service provider within 30 of days of the date of this communication. The telephone number listed on this form will be the number which will retain the Lifeline Program benefit.

If the PERSON IN YOUR HOUSEHOLD WHO WISHES TO KEEP THE LIFELINE PROGRAM BENEFIT FOR THE ENTIRE HOUSEHOLD HAS ALREADY PROVIDED a household worksheet to their service provider, then NO FURTHER ACTION IS NECESSARY. (The person named below does not need to sign and send this form to their Lifeline provider).

After 30 days of the date of this letter, all other subscribers at this address below who have not completed a household worksheet will NO LONGER have a Lifeline Program benefit.

	Street	Apt.	City	State	Zip	
Address	S					
Name			Telephone Num	ber	5 C	

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No. Please answer question 2 below.	Yes. If YOU are the person who will keep the Lifeline benefit, check OPTION B at the bottom and sign this Form. If you are not keeping your Lifeline benefit, DO NOT submit this form.			
्र मेजिल आस्त्रहेंका जानेमि लागुड मेरे का वालाय का सकत्र महिल्लामिक केलियुन सम्बद्धीयमध्यानमञ्जूष स्थापन अल्लास्ट	endigetred minus thre with you will have a			
No. Please check OPTION A below and SIGN THIS FORM.	YES. Please answer question 3 below.			
3. জাঁত প্ৰাত প্ৰিয়েশ্য প্ৰস্কৃতিয়ালয়েশ্যেশ্য শিক্ষা ইন্তাহিছে, Verore, o) ভাষী নিশ্য কাহান্ত্ৰতাল ভি কাকশ্ৰেমাধ্যকাৰ পিউন্ত	Yes. If YOU are the person who will keep			
No. Please check OPTION C below and SIGN THIS FORM.	the Lifeline Program benefit, check OPTION B at the bottom and sign this form. If you are not keeping your Lifeline benefit, DO NOT submit this form.			
Please check the box below for the one that applies t	o you:			
OPTION A. [] No one in my household, other than benefit and therefore I may continue to receive a Life	n myself, is currently receiving a Lifeline Program eline Program benefit.			
OPTION B. [] There are others in my household that by signing this form, I will be the only member of this Program benefit.	at are currently receiving a Lifeline Program benefit; household to continue to receive a Lifeline			
OPTION C. [] There are other adults who reside a Program benefit but do not share income and expense in my household receiving a Lifeline Program benefit,				
I certify that the information provided above is true. I requirement is against the Federal Communications C Program benefits, and may be prosecuted by the Unit	Commission's rules and I may lose my Lifeline			
gnature Date				

Please return the signed form to RT Communications, Inc at 130 South 9th Street, Worland, WY. 82401, email to info@rtcom.net or fax to 307-347-6366.