

Lifeline Application Form

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.

Program-Based Eligibility Requirements – 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).

Income-Based Eligibility Requirements – 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 Above

- Check here if Residential Address is a temporary address

Program-Based Eligibility

Put a check mark (✓) in the box next to each of the programs you are currently enrolled in:

- Medicaid
- Veteran's Pension & Survivor Benefit
- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing Assistance (FPHA), Section 8
- Supplemental Security Income (SSI)

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

Income-Based Eligibility

- Income-Based Eligibility – Household income is at or 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)

Household. 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 or 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.

Income. “Income” is all income actually received by all members of a household. This includes salary before 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 only exceptions 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.

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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 Lifeline-supported 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 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) 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 one 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 de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. §

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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.

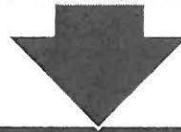
Applicant's Signature

Date

1. Does your household have an additional adult living at your address who is currently receiving Lifeline Program-discounted phone service?

No. Please answer question 2 below.

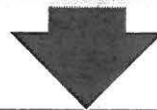
Yes. If YOU are the person who will keep the Lifeline benefit, check **OPTION B** at the bottom and sign this Form. If you are not keeping your Lifeline benefit, **DO NOT** submit this form.



2. Does another adult (age 18 or older, an unrelated minor) live with you AND have a Lifeline Program-discounted phone service?

No. Please check **OPTION A** below and SIGN **THIS FORM.**

YES. Please answer question 3 below.



3. Do you share expenses for bills, rent, or other living expenses AND share income with this person in question #2?

No. Please check **OPTION C** below and SIGN **THIS FORM.**

Yes. If YOU are the person who will keep 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 to you:

OPTION A. [] No one in my household, other than myself, is currently receiving a Lifeline Program benefit and therefore I may continue to receive a Lifeline Program benefit.

OPTION B. [] There are others in my household that are currently receiving a Lifeline Program benefit; by signing this form, I will be the only member of this household to continue to receive a Lifeline Program benefit.

OPTION C. [] There are other adults who reside at the above listed address who receive a Lifeline Program benefit but do not share income and expenses with me, therefore since I am the only member in my household receiving a Lifeline Program benefit, I may continue to receive that benefit.

I certify that the information provided above is true. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline Program benefits, and may be prosecuted by the United States government for violating the rules.

Signature _____ 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.