Exhibit 1:

Sample Lifeline Application and Certification (Louisiana)

LIFELINE CERTIFICATION FORM

□ Initial Lifeline Enrollment □ Re-Verification of Lifeline Enrollment

PERSONAL INFORMATION -

PLEASE FILL OUT THE FOLLOWING INFORMATION:

First Name:											Mi	ddle	Nar	ne:										
Last Name:																	Da	ate c	of Bi	irth:]/[]/[
Social Security # (last fo	ur di	gits)	:		Trik	bal l	denti	fica	tion	#:[A	lt. C	onta	ct #	:(□])[[
Email Address:																								

I certify that I reside on a Federally recognized Tribal land. (For Tribal Residents Only)

PLEASE READ AND ACKNOWLEDGE YOU AGREE BY INITIALING EACH STATEMENT BELOW, UNDER PENALTY OF PERJURY ----

- The information contained within this application is true and correct. I acknowledge that providing false or fraudulent documentation in order to demonstrate eligibility for the Lifeline program is punishable by fine or imprisonment.
- I understand that Lifeline is a federal government benefit program and that only qualified persons may participate in the Lifeline program.
- I understand that Lifeline is only available for one phone line per household, whether landline or wireless. Other Lifeline providers include: Budget Home Phone, AT&T, Safelink, and Assurance Wireless. To the best of my knowledge no one in my household is receiving Lifeline service. A household is defined, for purpose of the Lifeline program, as any individuals who live together at the same address and share income and expenses.
- I certify that I am at least 18 years of age and not currently receiving a Lifeline telephone service from any other landline or wireless telephone company. I will only receive Lifeline from Budget PrePay and no other landline or wireless telephone company. Any violation of the one phone line per household limitation will result in de-enrollment from the Lifeline program and may be punished by fine or imprisonment.
- _____ I will not transfer my service to any other individual, including another eligible low-income consumer.
- I authorize Budget PrePay to access any records required to verify my eligibility for Lifeline service. I also authorize Budget PrePay to release any of my records required for the administration of the Lifeline program.
- I understand that I will be required to verify my continued eligibility for Budget PrePay's Lifeline service at least annually, and that I may be required to verify my continued eligibility at anytime, and that failure to do so will result in termination of Lifeline benefits. I will notify Budget PrePay immediately if I no longer qualify for Lifeline, or if I have a question as to whether I would still qualify.
- I will notify Budget PrePay within thirty (30) days if my home address changes. If the address I have provided is a temporary address, I understand that I must verify my address every ninety (90) days. Failure to provide such notification or verification may result in de-enrollment from the program.
- I authorize Budget PrePay to contact me by interactive voice response (IVR), or other means, to notify me of annual Lifeline re-verification and the company's 60-day non-usage reminder.

___ I understand that completion of this application does not constitute immediate approval for Lifeline service.

ELIGIBILITY -----

QUALIFYING BENEFICIARY (Comp	blete if a dependent residing in your household is r	receiving benefits from the programs listed below.)
First Name:	MI: Last Nam	ne:
PLEASE CHECK ALL THAT APPLY AND PF	RESENT BUDGET EMPLOYEE WITH PROOF OF P	ROGRAM QUALIFICATION:
Food Stamps (SNAP)	Federal Housing Assistance (Section 8)	Low Income Home Energy Assistance Program
 Supplemental Security Income (SSI) Medicaid 	 National School Lunch (Free Program Only) Temporary Assistance for Needy Families 	 Food Distribution Program on Indian Reservations (FDPIR) Bureau of Indian Affairs General Assistance (BIA)

(Note: Proof of program qualification not required during annual re-verification of Lifeline eligibility.)

□ Tribally-Administered Temporary Assistance for Nee EXHIBITAC - Page 26 of 33

LIFELINE CERTIFICATION FORM

Budget MOBILE www.budgetmobile.com

www.budgetin	
INCOME QUALIFICATION: Persons whose household income is at or below 135% of national poverty level qualify for Lifeline This option is only available at a Budget Mobile retail location. Customer must provide proof of income.	credit.
How many people are in your Household?	
Persons in HH — 135% Annual Income (at or below)	
(1) \$15,080 (2) \$20,426 (3) \$25,772 (4) \$31,118 (5) \$36,464	
Add \$5,346 for each additional person.	
TO QUALIFY BASED ON YOUR INCOME, YOU MUST PROVIDE COPIES OF ONE OR MORE OF THE DOCUMENTS LISTED BELOW. IF YO PROVIDE DOCUMENTATION THAT DOES NOT COVER A FULL YEAR (SUCH AS CURRENT PAY STUBS), YOU MUST SUBMIT THREE (3) CONSECUTIVE MONTHS OF THE SAME TYPE OF DOCUMENT WITHIN THE PREVIOUS 12 MONTHS.	JU
 Current income statement from employer or paycheck stub Unemployment/Workers Compensation benefits statement Retirement/Pension benefit statement Prior year's state, federal or tribal tax return Social Security benefits statement Divorce decree or child support document Veterans Administration benefits statement 	
(NOTE: Proof of income qualification not required during annual re-verification of Lifeline eligibility.)	
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RESIDENTIAL ADDRESS (No PO boxes, must be your principal address)	
This address is: D Permanent D Temporary D Multi-Household	
I share an address with another person(s) over the age of 18. However, they do not contribute income to my hou or share in the household expenses. □ Yes □ No (If Yes, USAC provided multi household form is to be completed and attached. Form can be obtained from Budget emp	
Name of Apt. Complex/Multi Resident Facility:	
Apt. No.: Apt. No.: Apt. No.:	
City:	
BILLING ADDRESS	
Same as Residential Address	
Street Address:	
Name of Apt. Complex/Multi Resident Facility:	
Apt. No.: Multi Resident Facility Room/Bed No.:	
City:	
Penalty of Perjury Under Title 18 U.S.C. §1621, whoever will state as true any material matter which he does not believe to be true in a statement under per perjury, is guilty of perjury and shall, except as otherwise expressly provided by lay, be fined or imprisoned not more than five years, or both	
*BY LAW THE LIFELINE PROGRAM IS ONLY AVAILABLE FOR ONE PHONE PER HOUSEHOLD, WHETHER LANDLINE OR WIRELESS, NO EXCEPTIONS	*
SignatureDate	
FOR AUTHORIZED EMPLOYEE USE ONLY	
Shelter/Multi Resident Authorization Code	
certify that I reviewed the appropriate eligibility database to determine the above applicant's Lifeline eligibility status. Should an eligibility database not be available I certify that the above applicant demonstrated their eligibility by providir heir eligibility documentation and that such documentation has been reviewed for accuracy and legitimacy.	ıg