EXHIBIT B

Total Call Mobile

Lifeline Program Verification Form

(Internal Use Only)

App ID #:



LIFELINE PROGRAM VERIFICATION FORM INTERNAL USE ONLY

Complete and store this form for all Lifeline applications received by Total Call Mobile ("TCM"). Fill in the information below based upon the application identified above. To qualify for Lifeline service from TCM, an applicant must meet the requirements under either Section 1 (Income-Based Eligibility) or Section 2 (Program-Based Eligibility) below.

a) Household Members: (fill in based on reb) Maximum Annual Household Income: \$ c) Customer Annual Household Income: \$ d) Documents reviewed (check all applicable)	sponse in #3 of application) (fill in based on response in #3 of application) (fill in based on response in #3 of application)
 □ Divorce Decree / Child Support Documents □ Pay stubs (most recent three consecutive months) □ Retirement / Pension Benefits Statements □ Social Security Benefits Statements 	☐ Unemployment / Worker's Compensation Benefits Statements ☐ Veterans Administration Benefits Statements ☐ W2 Statements
e) Based on my review of the documentation provided by the	applicant, the applicant is:
above)	ant earns less than the Maximum Annual Household Income threshold indicated at earns more than the Maximum Annual Household Income threshold indicated
PROGRAM-BASED ELIGIBILITY Applicant indicated that the applicant is enrolled in the follow	ving programs that are eligible for Lifeline participation (must choose at least 1)
☐ Federal Public Housing / Section 8 ☐ Food Supplement Program/ Food Stamps ☐ Low Income Home Energy Assistance Program ☐ Medicaid / Medical Assistance	 □ National School Lunch Program (free program only) □ Temporary Assistance for Needy Families □ Other State Program (list state and program name) State: Program:
b) Documents reviewed (must choose at least 1)	
 ☐ Notice letter of participation ☐ Program participation card / document 	☐ Prior year's statement of benefits☐ Other official document evidencing participation:
c) Based on my review of the documentation provided by the a	applicant, the applicant is:
Approved (i.e. applicant has provided adequate evidence of	enrollment in at least one of the programs listed in Section 2(a))
Denied (i.e. applicant has NOT provided adequate evidence	e of enrollment in one of the programs listed in Section 2(a))
	by certify that I reviewed the eligibility documentation provided by the applicant. If atabase to confirm no prior or duplicate approvals exist for this individual applicant
Signature: Date:	
Based on the foregoing, the applicant was:	
Approved for participation in the TCM Lifeline Program Approval letter sent:By: Denied for participation in the TCM Lifeline Program	

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1. Income-Based Eligibility
a) Household Members: (fill in based on response in #3 of application) b) Maximum Annual Household Income: \$ (fill in based on response in #3 of application) c) Customer Annual Household Income: \$ (fill in based on response in #3 of application) d) Documents reviewed (check all applicable):
(choices listed here)
e) Based on my review of the documentation provided by the applicant, the applicant is:
Approved (i.e. the documentation indicates that the applicant earns less than the Maximum Annual Household Income threshold indicated above) Denied (i.e. the documentation indicates that the applicant earns more than the Maximum Annual Household Income threshold indicated above)
2. Program-Based Eligibility
a) Applicant indicated that applicant is enrolled in the following programs that are eligible for Lifeline participation (must choose at least 1):
(choices listed here)
b) Documents reviewed (must choose at least 1):
(choices listed here)
c) Based on my review of the documentation provided by the applicant, the applicant is:
Approved (i.e. applicant has provided adequate evidence of enrollment in at least one of the programs listed in Section 2(a)) Denied (i.e. applicant has NOT provided adequate evidence of enrollment in one of the programs listed in Section 2(a))
3. Certification of Approval or Denial In approving or denying the application identified above, I hereby certify that I reviewed the eligibility documentation provided by the applicant. If the applicant is approved, I certify that I have checked TCM's database to confirm no prior or duplicate approvals exist for this individual applicant or this applicant's household.
Signature: Date:
Based on the foregoing, the applicant was:
Approved for participation in the TCM Lifeline Program Approval letter sent: By: Denied for participation in the TCM Lifeline Program Denial letter sent: By: