



CUSTOMER COPY

Dear Potential Customer:
369-Chena Hot Springs Exchange

In advance of beginning any installation, the customer needs to be aware of the charges which must be paid in order to receive new service. **The minimum contract period per our applicable Tariff is 3 months from date of service.**

If you will be making long distance calls you will need to set up an account with AT&T. Or utilize other means like a calling card to access long distance.

Monthly Recurring Access Charges: (Combined)

| | Residential Service | Business Service I Line |
|--|---------------------|-------------------------|
| Access Line Charge | 20.15 | 24.20 |
| Subscriber Line Charge | 6.50 | 6.50 |
| Universal Access Charge | 0.01 | 0.01 |
| Network Access Fee | 5.75 | 5.75 |
| Single Business Access Recovery Charge | | 2.00 |
| Total Monthly Local Access Service (Lifeline assistance is available.) | 32.41 | 38.46 |

Installation Charges

| | | |
|---|-------|--------|
| Service Order | 27.50 | 27.50 |
| Central Office Connection Charge | 16.50 | 16.50 |
| Total Installation w/o outside work | 44.00 | 44.00 |
| Facilities Charge (if outside work required) | 55.00 | 55.00 |
| Total Installation charges w/facilities charge- | 99.00 | 99.00 |
| Minimum Deposit | 75.00 | 150.00 |

Lowest Initial Basic: Total initial Payment required without facilities charge (Lifeline assistance is available.)

Highest initial Basic: Total initial Payment required with Facilities charge (Lifeline assistance is available.)

| | | |
|--|--------|--------|
| Lowest Initial Basic: Total initial Payment required without facilities charge (Lifeline assistance is available.) | 151.41 | 232.46 |
| Highest initial Basic: Total initial Payment required with Facilities charge (Lifeline assistance is available.) | 206.41 | 287.46 |

Optional features and varied options will change the monthly features and total amount required for basic service. Other taxes and fees may apply. Please review the attached sheets for additional information or call our business office with your questions. Financial assistance is available for basic services as Lifeline.

The deposit will be returned after two years of timely payments on record or the month after requested disconnect.

Sincerely,

James Perry
Acting GM

Telephone: (907) 389-1012 Fax: (907) 389-4003 Email: summit@polarnet.com

SUMMIT TELEPHONE CO., INC.**Application for Telephone Service**

5048 Haystack Drive or P O Box 10089

Fairbanks, Alaska 99712 Phone: (907)389-1012 Fax: (907)389-4003

 BUSINESS SERVICE ORDER **RESIDENTIAL SERVICE ORDER**

| | | | | | |
|--|--|--|--|--|--|
| 1) Billing Name (Applicant) Listing Name | | Co-Applicant/Spouse | | MONTHLY ACCESS CHARGES <input type="checkbox"/> Residential <input type="checkbox"/> Private Pay Station <input type="checkbox"/> Vacation Cabin <input type="checkbox"/> Business Simple <input type="checkbox"/> Business Complex POWER AVAILABLE ON CUSTOMER PREMISES <input type="checkbox"/> 12 Volt D.C. <input type="checkbox"/> 110 Volt A.C. <input type="checkbox"/> Other _____ <input type="checkbox"/> Line Extension Services (greater than 300 feet from cable) EQUIPMENT - Phone & Other <input type="checkbox"/> I am providing my own. <input type="checkbox"/> I need to purchase this from Summit. <input type="checkbox"/> I would like to rent this from Summit | |
| 2) Mailing Address | | | | Directory: <input type="checkbox"/> Listed <input type="checkbox"/> Non-listed (Listed with Operator, Not in Directory) <input type="checkbox"/> Non-published, (Not in Directory or with Operator) <input type="checkbox"/> Additional Listings <input type="checkbox"/> Additional Lines <input type="checkbox"/> DID listing <input type="checkbox"/> Foreign Directory Listing _____ <input type="checkbox"/> Business Directory Listing _____ | |
| 3) Location of Service | | 4) Contact Number - Prior to Service | | Custom Calling Packages (Excluding Remote call forwarding) Features <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 - <input type="checkbox"/> Call Forwarding <input type="checkbox"/> Call Waiting <input type="checkbox"/> Three-Way Calling <input type="checkbox"/> Last Number Redial <input type="checkbox"/> Wakeup <input type="checkbox"/> Malicious Call Trap <input type="checkbox"/> Remote Call Forwarding | |
| 5) Owner or Authorized Agent's Name (Business Only) | | 6) Business Type <input type="checkbox"/> Corp <input type="checkbox"/> Ptnrship <input type="checkbox"/> Proprietorship <input type="checkbox"/> Charitable Org or Assn | | <input type="checkbox"/> Business Directory Listing _____ | |
| REQUIRED CREDIT INFORMATION | | | | | |
| 7) Applicant's Date of Birth | | 8) Social Security No. (Optional) | | Restriction Services <input type="checkbox"/> Directory Assistance Deny <input type="checkbox"/> Originating Toll Service Deny <input type="checkbox"/> Restricted Sent Paid <input type="checkbox"/> Special Billing Service <input type="checkbox"/> 900 Toll Service Deny (Charge after initial request)NRC | |
| 9) Alaska Driver's License | | 10) Other I.D. | | 11) Other Info | |
| Co-Applicant/Spouse Information | | | | | |
| 12) Co-Applicant/Spouse's Date of Birth | | 13) Social Security No. (Optional) | | Billing Control Features - Non-recurring charges <input type="checkbox"/> Add BCF per telephone no. <input type="checkbox"/> BCF Modification <input type="checkbox"/> 900 Toll Restore | |
| 14) Alaska Driver's License No. | | 15) Other I.D. | | 16) Other Info | |
| Name | | Account No. | | Low Income Assistance - If qualified <input type="checkbox"/> Link-Up 50% or maximum of \$30.00 + Interest Free for 1 year on payment schedule <input type="checkbox"/> Lifeline - Subscriber Line Charge <input type="checkbox"/> Lifeline - Residential assistance | |
| 17) Bank | | 18) | | Facility Reservation Service- Excluding BETRS <input type="checkbox"/> Residential <input type="checkbox"/> Business - Simple <input type="checkbox"/> Business - Complex | |
| 19) Credit Card | | 20) | | HUNT SERVICES <input type="checkbox"/> Multi-Line Hunt <input type="checkbox"/> Line Hunt Overflow to a Directory Number <input type="checkbox"/> Stop Hunt <input type="checkbox"/> Direct Inward Dialing Service | |
| Previous Service | | | | | |
| 21) Telephone Company Name | | 22) Your Previous Telephone No. | | SIGNATURE REQUIRED ON BACK. | |
| 23) Address: City, State | | 24) Date From: | | | |
| | | Date to: | | | |
| 25) Previous STT service? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 26) Date From: | | Date To: | |
| Employer | | | | | |
| 27) Company | | 28) Position | | | |
| 29) Address | | 30) Telephone No | | 31) Date Employed: | |
| 32) Estimated Long Distance Monthly \$ amount | | 33) Date | | | |

SERVICE AGREEMENT

The undersigned certifies that he/she is the owner-lessee-tenant of the premises where service is applied for with lawful authority to sign this application for telephone service and agrees to pay the applicable rates and abide by the terms and conditions as prescribed by the Summit Telephone Company, Inc. Tariff for all present and future telephone service. Acceptance of this application by Summit Telephone Company, Inc. constitutes a contract between Summit Telephone Company, Inc. and the applicant. All costs incurred by Summit Telephone Company, Inc. for the collection of any unpaid accounts shall be paid by the applicant.

Charges for utility service become due when billed. Failure to pay the total combined charges within twenty (20) days from the mailing date shall cause such charges to become delinquent and subject to a disconnect without notice. Failure to receive mail is not recognized as a valid reason for failure to pay bills due. A late charge of .875% per month will be charged on the delinquent balance.

The information furnished on this application will be used to determine if a deposit will be required for telephone service. Your signature in the designated space authorizes Summit Telephone Company, Inc. to conduct a credit check if such action is necessary in order to determine possible deposit requirements.

I hereby declare that the information provided is true, accurate, and complete to the best of my knowledge and belief, and is voluntarily submitted for the purpose of receiving telephone service. It is understood that upon presentation this application becomes the property of Summit Telephone Company, Inc. I also certify that I am eighteen (18) years of age or older.

DEPOSIT

Your deposit as a new customer is two times the monthly access line charge plus two times the estimated monthly toll charges. Service which has been disconnected for nonpayment will not be restored until a deposit, in the amount for which it was terminated, has been paid. Additionally, if we feel the amount of the deposit is not suitable to safeguard the interests of our company, we may require an additional deposit to cover the amount of service accruing for a period of two months. The deposit will be refunded to you after two years of prompt payment if, within that two years, the company has not been forced to disconnect the service due to delinquency and the customer has not been delinquent more than once in any 12 consecutive months. Interest will be paid on deposits over \$100.

ADVANCE PAYMENT

Your advance payment per access line covers a deposit with the remainder applied to the Basic Installation Charges and Local Service Monthly Access Charges.

Signature(s) indicate that the applicant has read and agrees to the terms and conditions above.

Signed

Applicant

Date

Co-applicant/ Spouse

Date

CREDIT CARD PAYMENT OPTIONS

You may choose to pay by credit card – either VISA or MASTERCARD.
Please mark your choice below, fill in the required information and return this form to:

Summit Telephone
P O Box 10089
Fairbanks, AK 99710-10089

VISA

MASTERCARD

CREDIT CARD NUMBER _____

EXPIRES _____/____

THREE DIGIT FRAUD PROTECTION CODE ON BACK OF CREDIT CARD
FOLLOWING CARD NUMBER ____

If address for credit card billing is different than phone billing address, please
Include it.

Street/P.O. Box # _____
City, State, Zip code _____

Signature _____

I want my bill charged automatically to my credit card. Yes No

I will call in or mail authorization each month for my credit card. Yes No
Charge will be made to your credit card by the 20th of each month if the request
is received before that date.

If you have any questions, please feel free to contact us at the business office
Monday – Friday 9 am – 4 pm.



Summit Telephone Company • P.O. Box 10089 • Fairbanks, AK 99710-10089

IMPORTANT FCC MANDATED ACCOUNT CHANGES

Due to changes in FCC rules to protect your privacy, all telecommunications providers are required to obtain passwords from their customers which will be utilized to verify identity of the customer or his authorized representative prior to releasing any call detail and/or customer account information.

In the normal course of providing telephone service, Summit Telephone maintains certain information about customer accounts. This information, known as Customer Proprietary Network Information or CPNI for short, includes information typically available from details on your monthly bill including calling patterns, types of lines and local service billing records. CPNI does not include name, address, or telephone number.

We are requesting that you set up a password that contains 4 to 6 characters, with at least 1 being a numeric character for your account. Per FCC regulations the following are not allowable passwords; Social Security number, mother's maiden name, date of birth or driver's license number.

Please complete both of the enclosed 1/2-page forms and return the one entitled Summit Telephone - in the enclosed postage paid envelope provided. We are also requesting that you give the name or names of authorized individuals who may obtain CPNI information regarding your account.

Call us with your questions, dial 611 or 389-1012 from your home or dial 800-459-1012 toll free if you are outside of Fairbanks.

Thank you,

A handwritten signature in black ink, appearing to read "Roger Shoffstall", is written over the typed name.

Roger Shoffstall
General Manager

Telephone: (907) 389-1012 Fax: (907) 389-4003 Email: summit@polarnet.com

(Summit Copy)

Per the FCC - the below Customer password must be given to Summit Telephone Company's business office representative before your Customer Proprietary Network Information ["CPNI"] can be released. The following are not allowable passwords; Social Security number, mother's maiden name, date of birth or driver's license number.

Name: _____

Phone Number: _____

Mailing Address: _____

Password: _____ (4 to 6 alpha characters, with at least 1 numeric character)

Names of individuals authorized to have access to your CPNI:

Customer's signature: _____

(Customer Copy)

Per the FCC - the below Customer password must be given to Summit Telephone Company's business office representative before your Customer Proprietary Network Information ["CPNI"] can be released. The following are not allowable passwords; Social Security number, mother's maiden name, date of birth or driver's license number.

Name: _____

Phone Number: _____

Mailing Address: _____

Password: _____ (4 to 6 characters, with at least 1 numeric character)

Names of individuals authorized to have access to your CPNI:

Customer's signature: _____

BLACK DOT – DO NOT CALL LISTING

ACTION REQUIRED

ALASKA “BLACK DOT” LAW REPEALED - AUGUST 16, 2006. DIRECTORY LISTING WITH BLACK DOT INVALID FOR ALASKA TELEMARKETING

Register for free on the National Do-Not-Call immediately to stop telemarketers from contacting you:

- **Register on-line by going to www.donotcall.gov**
- **Register by telephone, call 1-888-382-1222**
TTY subscribers may call 1-866-290-4236

You must call from the phone number you wish to register

FOR FURTHER INFORMATION, PLEASE VISIT THE RCA WEBSITE AT
WWW.STATE.AK.US/RCA/CONSUMER.

OR CONTACT OUR BUSINESS OFFICE

(907)389-1012

INTERNET USER ALERT

AVOID LONG DISTANCE CHARGES when accessing a LOCAL/EAS internet provider via dial-up access.

When setting up your computer to dial up a local /EAS (Extended Area Service) internet connection in the Summit or Fairbanks areas:

DO NOT ENTER THE "1(907)" with the seven digit number you need to call the internet service provider (ISP) if they are normally a free call. Entering the 1(907) will cause the call to go to AT&T and incur long distance charges to your phone.

If you have questions or concerns regarding connecting to your ISP, please call your ISP. If your provider can not resolve your issue, call Summit Telephone Company at 389-1012. We will attempt to help you.

Summit Telephone Company

Custom Calling Features Instructions

Note: Each of the below custom calling services cost \$1.50 per month with an installation fee of \$12.00. If custom calling services are ordered at the same time in a package of three or more here is the price per month listed below.

| | |
|--------------------|----------------|
| 3 Calling Features | \$3.65 a/month |
| 4 Calling Features | \$4.60 a/month |
| 5 Calling Features | \$5.50 a/month |
| 6 Calling Features | \$6.40 a/month |

~ CALL FORWARDING ~

Lets you temporarily forward local or long distance calls to another number you select.

TO USE CALL FORWARDING: (Instructions as follows)

1. Dial "72", after approximately 4 seconds you will hear dial tone. You may dial "72#" from a push-button telephone to eliminate the delay.
2. When you hear the second dial tone, dial the number where you want the calls to go. Wait for the person to answer.
3. If the line is busy or no one answers, hang up and immediately repeat steps 1 and 2. A "cadence" (short-long, short-long) ring indicates that Call Forwarding is working.
4. You may verify that your calls will be forwarded by dialing "72" or "72#". A busy signal indicates that Call Forwarding is in effect.
5. Remove Call Forwarding by dialing "73" or "73#". A "cadence" ring indicates that calls are no longer being forwarded.

Note: Long distance calls to a call forwarded number cannot be call forwarded to a long distance telephone number.

~ CALL WAITING ~

A short tone signals that another person is trying to call you when you are on the phone. You can put one call on hold while handling the second call, or alternate between the two.

TO USE CALL WAITING: (Instructions)

1. When you hear a brief tone, quickly press and release the hookswitch button or flash button on your phone. Answer the second call.
 2. To return to the first call or alternate between calls quickly press and release the hookswitch or flash button on your phone each time.
 2. You may also answer the second call by hanging up and waiting for the phone to ring.
 3. To cancel wither call, simply hang up. When the phone rings again, you will be connected with the person who is still on the line.
 4. Dial *62 to disable call waiting for one call.
 5. Dial *70 to disable call waiting.
 6. Dial *76 to enable call waiting.
-

~ THREE WAY CALLING ~

Allow you to talk to two different people at the same time, to add a second person to your call, or to put one call on hold and make a second call. Can be used for local or long distance calls.

TO USE THREE WAY CALLING: (Instructions)

1. Put your first call on hold by pushing and then releasing the hookswitch button on your phone.
2. Wait for three brief tones and a dial tone. Make your second call.
3. When that person answers, or you hear ring back tone, firmly push and then release the hookswitch button to connect all three of you. You may talk privately with the second person before making the threeway connection.
4. If the third party's line does not ring or there is no answer, depress the hook switch button momentarily to reconnect to the party on hold.
5. The first call will end when that party hangs up.
6. The second call will end when you momentarily depress the hook switch button, or when that person hangs up.
7. Both calls will end when you hang up.

~ WAKE UP ~

A Wake Up call can be made for one time only or on a repetitive, daily, basis.

TO USE WAKE UP: (Instruction)

1. Dial the Wake Up setup access code, (daily) "82", (one time) "83". To eliminate delay, (daily) "82#", (one time) "83#".
2. After you hear dial tone, dial in the Wake Up time. It must consist of three or four digits, and is dialed in 24-hour format. For example. 9 A.M. would be entered by dialing "900". 9 P.M. would be entered by dialing "2100".
3. To cancel either daily or one time Wake UP, dial "84".

~ LAST NUMBE REDIAL ~

This feature allows a user to "redial" the number last dialed by depressing a single key.

TO USE LAST NUMBER REDIAL: (Instructions)

1. Depress the "#" Key.
-



Summit Telephone Company • P.O. Box 10089 • Fairbanks, AK 99710-10089

Re: Long Distance Service

Dear Customer:

The only long distance carrier available in our service area is ATT.

If you will be making long distance calls you will need to set up an account with ATT before making any calls. If you do not set up an account before you make a long distance call they will bill you through a 3rd party billing service at a higher rate. They will then place a toll block on your line until an account is set up with ATT.

If you would like to set up an account with AT&T Alascom long distance service, please contact them at (800) 252-7266. This is a toll free number for all of AT&T Alascom's Residential and Internet Services.

If you do not wish to receive a separate bill from AT&T Alascom, you might consider using a prepaid calling card for your long distance service needs. Please contact the Summit office if you wish to select toll block service and use a calling card.

Sincerely,

James Perry
Acting GM

Telephone: (907) 389-1012 Fax: (907) 389-4003 Email: summit@polarnet.com

Lifeline Program Application Form



1. About Lifeline

Lifeline is a federal benefit that lowers the monthly cost of phone or internet service.

Rules

If you qualify, your household can get Lifeline for phone or internet service, but not both.

- If you get Lifeline for phone service, you can get the benefit for one mobile phone or one home phone, but not both.
- If you get Lifeline for internet service, you can get the benefit for your mobile phone or your home connection, but not both.
- If you get Lifeline for bundled phone and internet service, you can get the benefit for your mobile phone bundled service or your home bundled service, but not both.

Your household cannot get Lifeline from more than one phone or internet company.

You are only allowed to get one Lifeline benefit per household, **not per person**. If more than one person in your household gets Lifeline, you are breaking the FCC's rules and will lose your benefit.

What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

Do not give your benefit to another person

Lifeline is non-transferable. You cannot give your Lifeline benefit to another person, even if they qualify.

Be honest on this form

You must give accurate and true information on this form and on all Lifeline-related forms or questionnaires. If you give false or fraudulent information, you will lose your Lifeline benefit (i.e., de-enrollment or being barred from the program) and the United States government can take legal actions against you. This may include (but is not limited to) fines or imprisonment.

You may need to show other documents

You will need to show your phone or internet company an official document from one of the government qualifying programs or prove your annual income. Please provide copies of your official documents with this application. Include the documents in option 1 or option 2 below:

1. If you qualify through a government program: copies of your state ID card and an official document from the program you are qualifying through (your SNAP card, Medicaid card, Supplemental Security Income (SSI) benefit letter, Federal Public Housing Assistance (FPHA) award letter, or other accepted documents).
2. If you qualify through your income: copies of your state ID card and your last state, federal, or Tribal tax return, pay stubs for 3 consecutive months, or other accepted documents. Visit lifelinesupport.org to see the full list of accepted documents.

Visit lifelinesupport.org to see the full list of accepted documents.

Apply

To apply for a Lifeline benefit, fill out the required sections of this form, initial every agreement statement, and sign on page 6.

To apply, bring or mail this form to your phone or internet company.

Lifeline Program Application Form



2. Your Information

All fields are required unless indicated. Use only CAPITALIZED LETTERS and black ink to fill out this form.

What is your full legal name?
The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

First

| | |
|--|--|
| | |
|--|--|

Middle (optional) Suffix (optional)

| |
|--|
| |
|--|

Last

What is your phone number (if you have one)? **What is your date of birth?**

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Month Day Year

What is your email address (if you have one)?

| |
|--|
| |
| |

What are the last 4 numbers of your Social Security Number (SSN)?

If you do not have a SSN, what is your Tribal Identification Number?

| |
|--|
| |
|--|

What is the best way to reach you?

email
 phone
 text message
 mail

Lifeline Program Application Form



2. Your Information (continued)

Only fill this section out if you are applying through a child or dependent.

Check if you are qualifying through a child or dependent in your household.
If so, answer the following questions:

What is their full legal name?

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

First

| | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Middle (optional)

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Suffix (optional)

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Last

What is their date of birth?

| | | | | | | | | | | |
|--|-----|------|--|--|--|--|--|--|--|--|
| <table border="1" style="border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table> | | | <table border="1" style="border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table> | | | <table border="1" style="border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table> | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Month | Day | Year | | | | | | | | |

What are the last 4 numbers of their Social Security Number (SSN)?

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

If they do not have a SSN, what is their Tribal Identification Number?

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Lifeline Program Application Form



3. Qualify for Lifeline

Fill out this section to show that you, your dependent, or someone in your household qualifies for Lifeline.

You can qualify through some government assistance programs or through your income (you do not need to qualify through both).

Qualify through a government program:

Check all programs that you or someone in your household have:

- Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)
- Supplemental Security Income (SSI)
- Medicaid
- Federal Public Housing Assistance (FPHA)
- Veterans Pension or Survivors Benefit Programs

Tribal Specific Programs

- Bureau of Indian Affairs (BIA) General Assistance
- Tribal Temporary Assistance for Needy Families (Tribal TANF)
- Food Distribution Program on Indian Reservations (FDPIR)
- Tribal Head Start (only households that meet the income qualifying standard)

Or

Qualify through your income:

(Only fill this out if you do not qualify through a government program.)

| Including you, how many people live in your household? (check one) | Is your income the same or less than the amount listed for your state and household size? (only check yes or no next to your household size) | | | | |
|---|---|-------------|----------------|--------------------------|--------------------------|
| | All 48 States & DC (not Alaska and Hawaii) | Alaska | Hawaii | Yes | No |
| <input type="checkbox"/> 1 | \$16,389 | \$20,493 | \$18,846 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 2 | \$22,221 | \$27,783 | \$25,555.50 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 3 | \$28,053 | \$35,073 | \$32,265 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 4 | \$33,885 | \$42,363 | \$38,974.50 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 5 | \$39,717 | \$49,653 | \$45,684 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 6 | \$45,549 | \$56,943 | \$52,393.50 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 7 | \$51,381 | \$64,233 | \$59,103 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 8 | \$57,213 | \$71,523 | \$65,812.50 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> If more than 8, add this amount for each extra person: | Add \$5,832 | Add \$7,290 | Add \$6,709.50 | <input type="checkbox"/> | <input type="checkbox"/> |

135% of the 2018 Federal Poverty Guidelines
*The Federal Poverty Guidelines are typically updated at the end of January.

Lifeline Program Application Form



4. Agreement

I agree, under penalty of perjury, to the following statements:

You must initial next to each statement.

Initial I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).

Initial I agree that if I move I will give my service provider my new address within 30 days.

Initial I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:

- 1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore.
- 2) Either I or someone in my household gets more than one Lifeline benefit (including, more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services).

Initial I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit.

Initial I agree that my service provider can give the Lifeline Program administrator all of the information I am giving on this form. I understand that this information is meant to help run the Lifeline Program and that if I do not let them give it to the Administrator, I will not be able to get Lifeline benefits.

Initial All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.

Initial I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

Initial My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.

Initial I was truthful about whether or not I am a resident of Tribal lands, as defined in section 2 of this form.

I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service. Message and data rates may apply. Text STOP to end messages.

| | |
|--|--|
| Signature | Today's Date |
| <input style="width: 95%; height: 30px;" type="text"/> | <input style="width: 95%; height: 30px;" type="text"/> |

Lifeline Program Application Form



5. Agent Information

*Answer only if a sales
person submits this form.*

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|----------------------|----------------------|----------------------|--|--|--|--|--|--|--|--|
| What is the agent's full legal name? The name you use on official documents, like your Social Security Card or State ID. Not a nickname. | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| First | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | | | | | | | | | | | | | | | | <input type="text"/> | | | | | | | | | |
| Middle (optional) | | | | | | | | | | | | | | | | Suffix (optional) | | | | | | | | | |
| <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is the agent's ID number? | | | | | | | | | | | | | What is the agent's date of birth? | | | | | | | | | | | | |
| <input type="text"/> | | | | | | | | | | | | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | | | | | | | |
| | | | | | | | | | | | | | Month | | Day | | Year | | | | | | | | |

Lifeline Program Application Form



Notice

PAPERWORK REDUCTION ACT NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, between 0.25 and 0.75 hours. Our estimate includes the time to read the questions, look through existing records, gather the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PERM, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request on this form. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your response may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

PRIVACY ACT STATEMENT: The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

Authority: Section 254 of the Communications Act (47 U.S.C. § 254), as amended, 47 U.S.C. §254, authorizes the FCC to operate the Lifeline program. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.).

Purpose: We are collecting this personal information so we can verify that you qualify for the Lifeline program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, which we have published in 82 Fed. Reg. 38686 (Aug. 15, 2017).

Routine Uses: We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

Disclosure: You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.