

A complete and signed Lifeline Service Application & Certification form is required in order to enroll you in the Lifeline program through Whidbey Telecom ("the Company"). This certification and authorization is for the purpose of verifying your eligibility to participate in the Lifeline program and will not be used for any other purpose. Service requests will not be processed until this completed and signed form has been received by the Company and it, along with any required documentation, has been reviewed by Company personnel. If you have any questions or need assistance in completing this form, please do not hesitate to contact one of our Customer Experience Representatives Toll Free at 1-866-548-7760 for South Whidbey residents or at 1-866-548-7761 for residents of Point Roberts. They are happy to help!

Lifeline Program & One Per Household Requirement Information

Lifeline is a federal benefit. Only eligible consumers may enroll in the Lifeline program. Lifeline is a non-transferrable benefit and you may not transfer your Lifeline benefit to any other person, including other eligible low-income consumers. Willfully making false statements to obtain the Lifeline benefit can result in fines, imprisonment, de-enrollment or being barred from the Lifeline program. Lifeline Service is available for only one voice or broadband service per household. 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 household income and expenses. A household is not permitted to receive benefits from multiple providers. Violation of the one-per-household limitation will result in de-enrollment from the Lifeline program and could result in criminal prosecution by the U.S. government.

I certify that I have read and understand the above Lifeline Program information & one-per-household requirements, that my household is receiving a Lifeline service benefit only from the Company and that, to the best of my knowledge, no one in my household is receiving another Lifeline benefit from any wireline or wireless service provider. I further understand that violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in my de-enrollment from the Lifeline program, and could result in criminal prosecution by the United States Government.

SUBSCRIBER APPLICATION INFORMATION: **New Res Tel#: (360) _____ / New Res HSI _____ WT ACCT#: _____**

I authorize the Company to access any records required to verify my statements on this form and to confirm my eligibility for the Lifeline program.

First Name: _____ Middle Name: _____ Last Name: _____

Social Security Number (or Tribal ID Number if no SSN): _____ / _____ / _____ Date of Birth (mm/dd/yyyy): _____

Service Address (No PO Boxes. Must be your principal address.): This address is: Permanent Temporary **AND** Multi-Household Single Household

Street: _____ Apt: _____ City: _____ State: _____ Zip Code: _____

Office Use: Service Address Verified Multi-Household W/S Completed N/A

Contact Telephone Number: _____

Billing Address (If different from the Service Address)

Street: _____ Apt: _____ City: _____ State: _____ Zip Code: _____

SUBSCRIBER ELIGIBILITY CERTIFICATION:

I hereby certify that I participate, or one or more of my dependents or a member of my household participates, in the following program(s) or that my household's income is at or below the Federal Poverty Guidelines, and that I have submitted, to the Company for its review, qualifying documentation demonstrating current program participation or current household income. **Check all that apply & include # of individuals in household for Income-based eligibility.**

- Supplemental Nutrition Assistance Program (SNAP) E2
- Supplemental Security Income (Federal SSA - SSI) E3
- Medicaid (Not Medicare) E1
- Veterans Pension & Survivors Benefit E5
- Federal Public Housing Assistance (Section 8) E4
- Household income at or below 135% of Federal Poverty Guidelines – There are _____ individuals in my household E13

Federal Program – Benefit Qualifying Person's (BQP's) Information (If different from Subscriber Application Information above):

First Name: _____ Middle Name: _____ Last Name: _____ Last 4 Digits SSN: _____

ADDITIONAL CERTIFICATIONS & AUTHORIZATIONS: Date of Birth (mm/dd/yyyy): _____

By my checking each item below and signing this Lifeline Service Application & Certification form, I certify, under penalty of perjury, that:

- I meet, or my dependent or a member of my household meets, the income based or program based eligibility criteria to receive Lifeline service;
- I will notify the Company within thirty (30) days if, for any reason I, or my dependent or member of my household, no longer satisfy the criteria for receiving Lifeline support, no longer meets the income-based or program-based criteria for receiving Lifeline support, or I am receiving more than one Lifeline benefit, or a member of my household is receiving a Lifeline benefit;
- If I move to a new address, I will provide the Company with my new address within 30 days;
- If my address is a temporary residential address, I will verify my address with the Company every ninety (90) days and understand failure to respond to the Company's address verification request within 30 days may result in my de-enrollment from the Lifeline program;
- The information contained in this form is true and correct to the best of my knowledge. I acknowledge that willfully providing false or fraudulent information to receive Lifeline benefits is punishable by law;
- I acknowledge that I may be required to re-certify my continued eligibility for Lifeline service at any time, that I will be required annually to re-certify my continued eligibility for Lifeline service, and that my failure to provide the Company, and/or its agents, with any recertification within thirty (30) days of the Company's request for such recertification will result in my de-enrollment from the Lifeline program and the termination of my Lifeline benefit.
- I hereby authorize, acknowledge and consent to the Company to retain copies of certain personal documentation and to the Company utilizing, or releasing and/or transmitting to the Federal Communications Commission (FCC), or the Universal Service Administrative Company (USAC) and/or its agents, or the National Lifeline Eligibility Verifier (i.e., which ever entity or process is in use at the time of my application for Lifeline benefits), any records required for the administration of the Lifeline Program, to ensure the proper administration of the Lifeline program and/or for the purpose of verifying that I nor any member of my household receives more than one Lifeline benefit. Information that could be released and transmitted pursuant to this consent may include, but is not limited to, my name, date of birth, social security number or portion thereof, type of service subscribed to, usage history (including, but not limited to, the date on which my Lifeline service was initiated and the date on which such service was terminated, if and when terminated), service and billing address, telephone service number(s), and the means through which I qualified for Lifeline benefits. I understand that my failure to provide this consent will result in my being denied the Lifeline service.

I understand and acknowledge that partial payments are first applied towards the balance of charges to pay down the allocated price of the Lifeline residential voice or broadband service.

Subscriber's Signature
Whidbey Telecom-Proprietary

Subscriber's Printed Name

Date Signed
Lifeline App Cert & Auth Form
V112016

FOR COMPANY REP USE ONLY
LIFELINE SUBSCRIBER IDENTITY, SSN & SERVICE ADDRESS VERIFICATION

IDENTITY VERIFICATION

Valid Photo ID # _____

ID Expiration Date: ____/____/____

Verified Date Of Birth: ____/____/____

Service Address Verified With: _____

(Examples: Current Subscriber of Record, WADL or other Photo ID w/same address, Lease Agreement)

SOCIAL SECURITY # VERIFICATION

SSN Last 4 Digits: _____

Document/Source: _____

Document Effective Date: ____/____/____

PROGRAM/INCOME ELIGIBILITY

Indicate below eligibility documents reviewed.

*****YOU MUST MAKE A COPY OF ALL DOCUMENTATION THAT PROVIDES PROOF OF THE
SUBSCRIBER'S IDENTITY, DATE OF BIRTH, SSN, SERVICE ADDRESS, AND THEIR PARTICIPATION IN
ONE OF THE ELIGIBLE PROGRAMS OR THEIR INCOME INFORMATION.*****

***** ALL COPIES RECEIVED MUST BE SECURED ONCE NLAD ENROLLENT IS COMPLETED.*****

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> SNAP Award Letter | <input type="checkbox"/> Section 8 (FPHA) Award Letter | <input type="checkbox"/> Prior year's state or federal tax return | <input type="checkbox"/> Retirement/pension statement of benefits |
| <input type="checkbox"/> Medicaid Card | <input type="checkbox"/> Fed SSA-SSI Benefits Letter | <input type="checkbox"/> Child Support award document | <input type="checkbox"/> Current income statement from employer |
| <input type="checkbox"/> Veterans Pension &
Survivors Pension Statement of Benefits | | <input type="checkbox"/> Paycheck stubs for most recent 3mths | <input type="checkbox"/> Social Security statement of benefits |
| | | <input type="checkbox"/> Divorce decree containing income or letter of General Assistance | |
| | | <input type="checkbox"/> Unemployment/Workmen's Comp Statement of benefits | |
| | | <input type="checkbox"/> Other official document w/income information | |

Document Expiration Date: ____/____/____

Document Time Period: _____

CER Name/Signature: _____/_____ Date/Time: ____/____/____

NATIONAL LIFELINE ACCOUNTABILITY DATABASE (NLAD)

Date NLAD Verified & Enrollment Completed: ____/____/____ Service Type of _____

Date Omnia Comment Added: ____/____/____ DOB & SSN in Omnia Account Records

Completed By CER: _____

Additional Notes: _____
