

NORTHEAST RURAL SERVICES, INC. D/B/A BOLT FIBER OPTIC SERVICES

LIFELINE ASSISTANCE APPLICATION		
<p>THIS SIGNED APPLICATION IS REQUIRED IN ORDER TO ENROLL YOU IN THE LIFELINE PROGRAM AS APPROVED BY THE FEDERAL COMMUNICATIONS COMMISSION (FCC). THE FORM IS ONLY FOR THE PURPOSE OF CERTIFYING YOUR ELIGIBILITY FOR THE LIFELINE OR TRIBAL LINK UP PROGRAM AND WILL NOT BE USED FOR ANY OTHER PURPOSE. PLEASE PRINT USING BLOCK CAPITAL LETTERS IN BLACK OR BLUE INK ONLY. WHEN COMPLETED, PLEASE MAIL THE FORM AND COPIES OF PROOF OF ELIGIBILITY TO: P.O. BOX 399, VINITA, OK 74301 ATTN: SHEILA ALLGOOD</p>		
(A) APPLICANT INFORMATION		
<p>Full Name:</p>		
<p style="text-align: right;">Residential Address:</p>		
<p>Is your address on Federally recognized tribal lands? Yes I certify under perjury that I live on Federally recognized tribal lands. Line 1: No I do not live on Federally recognized Tribal lands.</p>		
City:	State:	ZIP Code:
Is this a Temporary Address (Y/N):	Date of Birth:	
Tribal ID (if applicable):	Last Four Digits of Social Security Number:	
Billing Address (if different from Residential Address):		
Line 1:		
City:	State:	ZIP Code:
IMPORTANT DISCLOSURES		
<ul style="list-style-type: none"> Lifeline is a government benefit that helps eligible consumers pay for telephone services by discounting their monthly service bill. Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Only one Lifeline service benefit is available per household. A subscriber must be verified by the FCC National Lifeline Accountability Database (NLAD) before he/she can be enrolled in Lifeline. 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. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of FCC rules and will result in the subscriber's de-enrollment from the program. Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person. Please complete the Lifeline Household Worksheet attached and submit the completed Worksheet with this Application. 		
National Lifeline Accountability Database (NLAD) Disclosure and Consent		
<p>The FCC has ordered the creation of a National Lifeline Accountability Database. Northeast Rural Services, Inc., d/b/a BOLT Fiber Optic Services (BOLT) must provide the following information to the database in order to ensure the proper administration of the Lifeline Program:</p>		
<ul style="list-style-type: none"> Your full name Your date of birth Your telephone number 	<ul style="list-style-type: none"> Your full residential address The amount of the discount BOLT provides Whether your eligibility is program or income based 	<ul style="list-style-type: none"> The date BOLT began providing you with Lifeline service The Future date when your Lifeline service with BOLT ends The last four digits of your Social Security Number (or Tribal ID)
<p>By my initials and by signing this application, I confirm I have read and understand the disclosures provided above and hereby consents to BOLT's release of any of my information contained in this Lifeline Application required for the administration of the Lifeline program to the FCC or its designee, including the Universal Service Administrative Company, and to any state and federal agency or its designee, as required by law. (Failure to provide consent will result in being denied Lifeline service.)</p>		
<p>Applicant's Initials: _____</p>		
<p>CONTINUED ON NEXT PAGE</p>		
(B) ELIGIBILITY REQUIREMENTS		

EXHIBIT "A" to Lifeline Eligibility Verification Policy

You may qualify for Lifeline either because (A) you participate in a qualifying government PROGRAM OR (B) your total annual household income is within INCOME guidelines (next page). Please complete at least one eligibility method: Section (A) or (B).

(1) Program Based Eligibility

I certify that I, or a member of my household, participate in at least one of the following programs (please check at least one):

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (Section 8)
- Veterans and Survivors Pension Benefit

If you live on a tribal land/reservation (as defined in the Code of Federal Regulations at Title 47, Section 54.400(e)), you may also qualify for Lifeline if you participate in one of these additional qualifying programs (please check at least one):

- Bureau of Indian Affairs General Assistance
- Food Distribution on Indian Reservations (FDPIR)
- Tribally Administered Temporary Assistance for Needy Families (TANF)
- Head Start (must meet income-qualifying standard)

(2) Income Based Eligibility

Total number of persons in my household: _____

Total annual household income: _____

By my initials and by signing this application, I certify that my total household income is at or below 135% of the Federal Poverty Guidelines (See 2017 FEDERAL POVERTY GUIDELINES).

Applicant Initials: _____

People in Household	Annual Income	Monthly Income
1	\$16,281	\$1,357
2	\$21,924	\$1,827
3	\$27,567	\$2,297
4	\$33,210	\$2,768
5	\$38,853	\$3,238
6	\$44,496	\$3,708
7	\$50,139	\$4,178
8	\$55,782	\$4,649
For each additional person add	\$5,643	\$470

This chart is based on 2017 Federal Poverty Guidelines, which may vary by state and are subject to change.

(C) PROOF OF ELIGIBILITY

PHOTOCOPY (original documentation will NOT be returned) one or more of the following acceptable proofs of your eligibility and submit with this application.

(1) Program Based Eligibility

If applicable, attach copies of one or more of the documents listed below:

- The current or prior year's statement of benefits from the program(s) marked in Section (A)
- A notice letter of participation in the program(s) marked in Section (A)
- A program participation document from the program(s) marked in Section (A)
- Other official document proving participation in the program(s) marked in Section (A)

Benefit Qualifying Person (Provide information below **only if name is different** from Applicant)

Full Name: _____

Benefit Recipient's Date of Birth: ____/____/____

Last 4 digits of Social Security Number: _____

Tribal ID (if applicable): _____

CONTINUED ON NEXT PAGE.

**(C) PROOF OF ELIGIBILITY
(continued)**

(2) Income Based Eligibility

EXHIBIT "A" to Lifeline Eligibility Verification Policy

If applicable, attach copies of one or more of the documents listed below:

• Prior year's federal, state or tribal Tax return	• Social Security statement of benefits	• Retirement/Pension statement of benefits
• Unemployment/Workmen's Compensation statement of benefits	• Paycheck stubs for most recent three (3) months	• Other official document containing income information
• Current income statement from employer	• Divorce Decree/Child Support document	• Federal or Tribal General Assistance Notice Letter
• Veteran's Administration benefits statement		

SIGNATURE AND CERTIFICATION

By signing below, I certify, under penalty of perjury, that:

- The information contained in this application is true and correct to the best of my knowledge.
- I meet the program or income based eligibility criteria for receiving Lifeline benefits.
- The telephone service for which I am requesting Lifeline is in my name and, to the best of my knowledge, this Lifeline telephone account will represent the only Lifeline telephone service provided to my household, and I am aware that I can only receive the Lifeline telephone discount on one phone line (wireline or wireless).
- (Only if applicable) If the address above is a temporary address, I may be required to verify my temporary address every 90 days.
- If I move to another address, I will provide notice of that address to my carrier within 30 days.
- I acknowledge that providing false or fraudulent documentation in order to receive Lifeline benefits is punishable by law.
- I acknowledge that I may be required to re-certify my continued eligibility for Lifeline assistance at any time and that failure to do so will result in de-enrollment and termination of Lifeline benefit.
- I understand that if I fail to re-certify my eligibility and I am de-enrolled, I will be required to pay the full published monthly recurring charges for my telephone service going forward.
- If in the future I, or the qualifying member of my household, no longer participate in at least one of the federally qualifying programs or my total household income exceeds 135% of the Federal Poverty Guidelines listed in Section (B), I begin receiving benefits from another carrier, or if conditions above change, I will promptly notify my carrier within thirty (30) days that I am no longer eligible for Lifeline assistance. Annually, I will need to re-certify my participation in the Lifeline program.

I affirm under penalty of perjury, that the foregoing representations are true. This application will not be processed without a signature, date of birth and last 4 digits of Social Security Number (or Tribal ID, if applicable).

Applicant's Signature: _____ Date: ____/____/____

Applicant's Date of Birth: ____/____/____	Last 4 Digits of Social Security Number: _____	Tribal ID (if applicable): _____
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Referenced in Lifeline Customer Application Form

**Northeast Rural Services, Inc. d/b/a BOLT™ Fiber Optic Services
Lifeline Household Worksheet**

Name	
Address	
Telephone Number	

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household.

Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An **adult** is any person 18 years of age or older, or an emancipated minor. Household **expenses** include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. **Income** includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You have been asked to complete this Worksheet because someone else currently receives a Lifeline Program-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline Program-discounted phone? (check no if you do not have a spouse or partner) ____YES ____NO
 - If you checked **YES**, you may not sign up for the Lifeline Program because someone in your household already receives a Lifeline benefit. Only ONE Lifeline discount is allowed per household.
 - If you checked **NO**, please answer question #2.

2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) who live with you at your address already receive Lifeline-discounted phone service? (check no for all options if no other adults live at your address)

A. A parent	____YES	____NO	D. An adult roommate	____YES	____NO
B. An adult son or daughter	____YES	____NO	E. Other _____	____YES	____NO
C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.)	____YES	____NO			

 - If you checked **NO** for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
 - If you checked **YES**, please answer question #3.

3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income, or both incomes together) with at least one of the adults listed above in question #2? ____YES ____NO
 - If you checked **NO**, then your address includes **more than one household**. Please initial lines A and B below, and sign and date the worksheet.
 - If you checked **YES**, then your address includes only **one household**. You may not sign up for the Lifeline Program because someone in your household already receives Lifeline.

CERTIFICATION

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to Northeast Rural Services, Inc. d/b/a BOLT™ Fiber Optic Services along with your Lifeline Program application. Email: lifeline@boltfiber.com. Fax: 1-918-256-9380

- A. ____I certify that I live at an address occupied by multiple households.
- B. ____I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature: _____ Date: _____