



Application for Lifeline Service
Please read carefully and, using a pen, fill out completely

Federal Lifeline Benefits are now available for qualifying broadband as well as voice services.

Voice Lifeline discounts are available to participants of federally recognized aid programs and to those meeting income qualifications. Lifeline discounts on voice include a transfer restriction (port freeze) for 60 days. This means that you are unable to obtain the Lifeline discount on service with another provider for 60 days from the date that your current voice service Lifeline discounts began.

Broadband Lifeline discounts are only available to participants of federally recognized aid programs and to those meeting Federal income qualifications. Broadband speeds must be 10 Mbps download and 1 Mbps upload or faster to qualify. Lifeline discounts on broadband include a transfer restriction (port freeze) for 12 months. This means that once Lifeline broadband discounts begin, you will be unable to obtain a Lifeline discount with another provider for 12 months if you switch your service.

If you purchase voice and qualifying broadband services, the federal Lifeline discount will apply to your qualifying broadband service, and the 12-month benefit transfer restriction will apply.

If you purchase only voice service or voice service with non-qualifying broadband service, you will receive federal Lifeline discounts on your voice service. Certain exceptions to the transfer restrictions may apply. See <http://www.lifelinesupport.org/ls/change-my-company.aspx> for more information.

Date: _____

_____ **Initial Application**

Applicant Information:

Full Name: _____

Date of Birth: _____
 (Month) (Day) (Year)

Please provide the last 4 digits of your Social Security Number ____ _

Applicant Residential Address:

Number and Street: _____

City: _____

State: _____

Zip Code: _____
(No PO Boxes permitted)

Check one:

_____ The address listed is my permanent address

_____ The address listed is my temporary address

Program Participation and Certification

I certify under penalty of perjury that I or a member of my household meets the income-based or program-based eligibility criteria for receiving the Lifeline discount. I or a member of my household receives benefits from the following program (check only one program):

- Medicaid
- Supplemental Security Income (SSI)
- SNAP (Supplemental Nutrition Assistance Program)/Food Stamps
- Section 8 Federal Public Housing Assistance
- Veterans Pension and Survivors Benefit Program
- Income below the Federal Poverty Guidelines

Along with this application, please attach or fax a photocopy (do not send an original) of one of the following:

- your current or prior year's statement of benefits from a qualifying state or federal program; or
- a notice letter of participation in a qualifying state or federal program; or
- a program participation document, for example, benefit card; or
- an official document indicating your participation in a qualifying state or federal program.
- for Income Eligibility you need to supply a copy of at least one of the following documents:
 - A prior year's federal or state tax return
 - Current income statement from employer or W-2
 - Three consecutive months of the most current pay stubs
 - The most recent Social Security statement of benefits
 - The most recent Veteran's Administration statement of benefits
 - The most recent retirement/pension statement of benefits
 - The most recent Unemployment or Worker's Compensation statement of benefits
 - Any other legal document that would show your current income (such as a divorce decree or child support document)

Income Eligibility Guidelines

The following chart can be used to determine eligibility for the Lifeline discount program based solely on income level. You may qualify for the Lifeline discount program if your household annual income is at or below 135% of the Federal Poverty Guidelines. A household is defined as any individual or group of individuals who live together at the same address and share income and expenses.

The chart below lists the annual income amount that cannot be exceeded in order to qualify based on household size. If the annual income amount for your household size is more than the amount shown on the chart below you do not qualify for the Lifeline discount based solely on income.

Please indicate the number of individuals in your household _____

2017 Annual Federal Poverty Guidelines

Household size	135%
1	\$16,281
2	\$21,924
3	\$27,567
4	\$33,210
5	\$38,853
6	\$44,496
7	\$50,139
8	\$55,782
For each additional person, add	\$5,643

Please Read and Certify the Following Program Rules

The Lifeline discount program is a federal benefit and willfully making false statements to obtain this benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Bascom Mutual Telephone Co. is required by the Federal Communications Commission, or FCC, to verify your eligibility to participate in the Lifeline discount program.

Under penalty of perjury you must certify the following statements are true to the best of your knowledge. Please indicate your acknowledgement of each statement below by initialing.

Only one Lifeline discount is allowed per household, consisting of either wireline, wireless, or broadband service. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household requirement constitutes a violation of Federal Communications Commission rules and will result in your de-enrollment from the program, and potentially, prosecution by the United States government.

Number of Minutes-of-Use Provided as Part of Lifeline Program Service

Bascom Mutual Telephone Company's Voice Lifeline service includes unlimited local minutes-of-use within the toll-free calling area. Bascom Mutual Telephone Company's Voice Lifeline Plan does not include any free minutes-of-use for toll. Toll is billed at the standard toll rate depending on which interexchange carrier the consumer subscribes to for toll service. As part of the Lifeline service, Toll blocking is available to eligible consumers at no cost.

A household is defined as any individual or group of individuals who live together at the same address and share income and expenses.

____ I certify my household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service. Your name, telephone number, address and information contained in this application, as well as information associated with your Lifeline service may be provided to the Universal Service Administrative Company (USAC - administrator of the Lifeline discount program) and/or its agents for the purpose of verifying your household does not receive more than one Lifeline benefit. You will be denied Lifeline benefits if you fail to provide Bascom Mutual Telephone Co. with consent to provide the specified information to USAC.

____ I acknowledge and consent that Bascom Mutual Telephone Co. may provide my name, telephone number, address and information contained in this application, as well as information associated with your Lifeline service to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I or another member of my household does not receive more than one Lifeline benefit.

____ I agree to allow Bascom Mutual Telephone Co. to exchange any necessary information with the appropriate federal or state agency, or fund administrator, to verify my eligibility to participate in the Lifeline discount program. Lifeline service is a non-transferable benefit. You may not transfer your Lifeline service to any individual, including another eligible low-income consumer.

____ I agree not to transfer my Lifeline discount benefit to another person.

____ I agree to notify Bascom Mutual Telephone Co. within 30 calendar days if I move to another address.

____ I agree to notify Bascom Mutual Telephone Co. within 30 calendar days if, for any reason, I or my household:

- No longer receive benefits from the federal or state program that qualified me for the Lifeline discount program.
- Annual household income exceeds the Federal Poverty amount listed on page 3 that qualified me for the Lifeline discount program.
- Receives more than one Lifeline benefit or another member of my household is receiving a Lifeline service.

I acknowledge that I will be required to recertify my continued eligibility for Lifeline at any time and my failure to recertify will result in de-enrollment and termination of my Lifeline benefits.

____ I agree to participate in the certification of my continued eligibility in the Lifeline discount.

____ The information contained in this application form is true and correct to the best of my knowledge.

____ I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.

I affix, under penalty of perjury, that the foregoing representations are true.

Applicant's Name (Please Print): _____

Telephone Number: _____

Applicant's Signature _____ Date _____