

The Telephone Company, Inc.
LIFELINE/LINK UP AMERICA ON TRIBAL LANDS PROGRAM
AUTHORIZATION AND SELF CERTIFICATION FORM

You are required to complete and sign this certification form in order to enroll you in The Telephone Company, Inc.'s "Enhanced" Lifeline and/or "Expanded" LinkUp programs and will not be used for any other purpose.

THE BENEFITS YOU RECEIVE UNDER THE ENHANCED LIFELINE PROGRAM WILL TERMINATE ON _____, UNLESS YOU COMPLETE ANOTHER AUTHORIZATION AND SELF CERTIFICATION FORM WITHIN THIRTY DAYS OF _____ AND RETURN IT TO THE TELEPHONE COMPANY, INC.

1. I hereby certify that I participate in at least one of the following programs (**CHECK ALL THAT APPLY**):

- _____ Food Stamps
- _____ Aid to Families with Dependent Children (AFDC)
- _____ Supplemental Security Income (SSI)
- _____ Medical Assistance (Medicaid)
- _____ Vocational Rehabilitation (including aid to the hearing impaired)
- _____ Oklahoma Sales Tax Relief
- _____ Federal Public Housing
- _____ Low Income Energy Assistance Program
- _____ Bureau of Indian Affairs General Assistance;
- _____ Temporary Assistance for Needy Families (TANF) Tribally-administered block grant programs
- _____ Head Start Programs (only applicant or customer who satisfy the income qualifying eligibility provision); or
- _____ National School Lunch Program (only applicant or customer who satisfy the income standard of the program for free meals.

2. I also certify that the telephone service location to which the certification applies is my primary residential service address located at _____, and to the best of my knowledge this primary residential service address is located on former tribal land/reservation (as defined in title 25- Code of Federal Regulation, section 20.1, paragraph (v)).

3. If in the future, I no longer participate in at least one of the programs listed in item 1 above, or conditions in item 2 above change, I will promptly notify The Telephone Company, Inc.

4. I also certify that:

- _____ a. The telephone service which I am requesting receipt of Enhanced Lifeline and/or Enhanced LinkUp programs for is listed in my name.
- _____ b. I am not listed as a dependent on another person's tax return.
- _____ c. The above service address is my primary residence, not a second home or business.

5. I authorize The Telephone Company, Inc. or its duly appointed representative to access any records required to verify these statements in order to confirm my continued participation in the above program. I authorize representatives of the above programs to discuss with and/or provide copies to The Telephone Company, if requested by the company to verify my participation in the above program and my eligibility for "Enhanced" Lifeline or "Expanded" LinkUp benefits.

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

Applicant's Name _____

Applicant's Billing Address, if different than identified in paragraph 2 above

Home Phone Number () _____

Work Phone Number () _____
(Your contact number during weekdays between 8 a.m. and 5 p.m.)

Social Security Number _____

Signature of benefit recipient

Date