

Troy Cablevision, Inc.
Lifeline Broadband or Phone Application and Certification

A complete and signed Lifeline Service Application and Certification (“Certification”) must be provided **with proof of eligibility to enroll** in Troy Cablevision’s (the “Company’s”) existing Lifeline or Lifeline Broadband Pilot Program (Lifeline Broadband). This Certification is only for the purpose of verifying your eligibility for Lifeline and/or Lifeline Broadband service and will not be used for any other purpose. Service requests will not be processed until applicant performs USAC eligibility verification and this Form has been received and verified by Company.

One Lifeline telephone discount per household disclosure: The Lifeline telephone discount program is a government assistance program. Willfully making false statements to obtain these benefits can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline benefits are limited to a single line of service per household. A household is defined, for purposes of the Lifeline telephone program, as any individual or group of individuals who live together at the same address and share income and expenses. A household may only receive one discount for the Lifeline telephone discount service. A household may not receive multiple discounts for the Lifeline telephone program. You may apply your Lifeline discount to either one landline phone or one wireless number, but you cannot have the discount apply to both and you cannot receive Lifeline benefits from multiple providers. Further, not all Lifeline services are currently marketed under the name Lifeline. For example Assurance Wireless, Reach Out, Wireless and Safelink Wireless are providers of Lifeline service. If your household has service from one of these providers you would not be eligible for an additional Lifeline telephone discount. You do not have to purchase broadband services to receive the Lifeline discount and you do not have to purchase phone services to receive the LI Broadband discount. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person, including another eligible low-income consumer. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission’s rules and will result in your de-enrollment from the program, and potentially prosecution by the United States Government.

One Broadband Adoption Lifeline Pilot program (LI Broadband) discount per household disclosure: The Low Income Broadband Pilot program (LI Broadband) is a government assistance program. Willfully making false statements to obtain these benefits can result in fines, imprisonment, de-enrollment or being barred from the program. LI Broadband benefits are limited to a single line of service per household. A household is defined, for purposes of the LI Broadband program, as any individual or group of individuals who live together at the same address and share income and expenses. A household may only receive one discount for the LI Broadband discount service. A household may not receive multiple discounts for the LI Broadband program. You may apply your LI Broadband discount to one broadband connection, but you cannot receive LI Broadband benefits from multiple providers. You may receive a Lifeline telephone program discount as well as a LI Broadband discount depending on the services requested and provided. You do not have to purchase broadband services to receive the Lifeline discount and you do not have to purchase phone services to receive the LI Broadband discount. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person, including another eligible low-income consumer. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission’s rules and will result in your de-enrollment from the program, and potentially prosecution by the United States Government.

[_____] By initialing this box, I hereby certify that I have read and understood the disclosures above and that, to the best of my knowledge, no member of my household is currently receiving a Lifeline telephone program benefit at the address provided below or any other address. *If I did not check this box, but am*

interested in transferring my phone service (and the related Lifeline benefit, the provider through which I receive my Lifeline discount is _____.

[] By initialing this box, I hereby certify that I have read and understood the disclosures above and that, to the best of my knowledge, no member of my household is currently receiving a Low Income Broadband program benefit at the address provided below or any other address.

[] By initialing this box, 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. I also authorize the Company to release any records required for the administration of the Lifeline and LI Broadband programs (e.g., name, telephone number, address), including to the Universal Service Administrative Company (USAC), to be used in a Lifeline eligibility database and to ensure the proper administration of the Lifeline Program. I understand that failure to consent will result in denial of participation in the Lifeline and LI Broadband programs.

[] By initialing this box, I agree to participating in two surveys to capture the benefits of the LI Broadband program and to assist the Company and the FCC determine the benefits and success of the program. I understand that failure to consent will result in denial of participation in the LI Broadband program.

[] By initialing this box, I hereby certify that I live in an address occupied by multiple households, with other adults who do not contribute income to the applicant’s household and/or share in my household’s expenses.

Please provide your application information below:

Required Customer Information	Customer Response
First Name and Middle Initial	
Last Name	
Date of Birth (MM/DD/YY)	
Residential Address, with Street and Apt Number (NOTE: PO Boxes cannot be accepted)	
City, State, ZIP	
Number of people in household?	
Billing Address, if different from Residential (NOTE: PO Box may be accepted)	
City, State, ZIP	
Social Security or Tribal Number	
Home Telephone (10 digits)	
Email address	

Please initial or answer the following questions about your residence:

- My Residential Address is permanent [_____] OR temporary [_____]. Note that if you use a temporary address, the Company will attempt to verify every 90 that you still live at that address. Further, you are required to notify the Company within 30 days of your new address should you move. If you do not respond to the Company’s address verification attempts within 30 days, you may be de-enrolled from the ETC’s Lifeline service.
- Initial by your application status
 service is new [_____];
 transferred from a previous address [_____]; or
 switched from another service provider [_____].
 If transferred, what is your previous address? _____
- I certify that I live on federally recognized Tribal lands [_____]

Please certify which public assistance program you are currently participating in:

Program	Initial all that apply
Supplemental Nutrition Assistance Program (SNAP)	
Medicaid (Not Medicare)	
Federal Public Housing Assistance Section 8 (FPHA)	
Supplemental Security Income (SSI)	
Temporary Assistance for Needy Families (TANF)	
Low Income Home Energy Assistance Program (LIHEAP)	
National School Lunch Program (NSLP) Free Lunch Programs	
Income at or Below 135% of Federal Poverty Guidelines	
Vocational Rehabilitation (including hearing impaired)	
Food Distribution Program on Indian Reservations (FDPIR)	
Bureau of Indian Affairs General Assistance (BIA)	
Tribally Administered TANF (TATANF)	
Head Start Programs	

Please state the name and address of the program beneficiary (if different from the applicant).

Specialized Training

[_____] Check here, if you are interested in receiving “Digital Literacy” on how to use Broadband Services.

I hereby certify, under penalty of perjury, that (initial all that apply):

Certification	Initials
I meet the income-based or program-based eligibility criteria for receiving Lifeline service and have provided documentation of eligibility if required.	
I will notify the Company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including: the income-based or program-based eligibility criteria; if I begin receiving more than one Lifeline benefit, or another member of my household receives a Lifeline benefit.	
I may be subject to penalties if I fail to follow the requirement above.	
I am not listed as a dependent on another person's tax return (unless over the age of 60)	
The address listed above is my primary residence, not a second home or business.	
If I move to a new address, I will provide that new address to the Company within 30 days.	
If I provided a temporary residential address to the Company, I will verify my temporary residential address every 90 days.	
I acknowledge that 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 at any time, and my failure to re-certify as to my continued eligibility within 30 days will result in de-enrollment and the termination of my Lifeline benefits.	
The information contained in this certification form is true and correct to the best of my knowledge.	
I consent to receiving correspondence via email or SMS, data messaging fees may apply from your cellular service provider.	

Applicant's Signature: _____

Date: _____

Printed Name: _____

Service Address: _____

Service City, State, & Zip: _____

Home Phone Number: (_____) _____ - _____

***Cellular Number:** (_____) _____ - _____

***Email Address for billing:** _____