

Troy Cable Assistance Program Application and Certification

A complete and signed Assistance Program Application and Certification (“Certification”) must be provided **with proof of eligibility to enroll** in Troy Cablevision’s (“Troy Cable”) Assistance Program. This Certification is only for the purpose of verifying your eligibility for Troy Cable’s Assistance Program and will not be used for any other purpose. Service requests will not be processed until this Form has been received and verified by Troy Cable.

One Troy Cable Assistance Program discount per household disclosure: The Troy Cable Assistance Program discount 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. Troy Cable Assistance Program benefits are limited to a single line of service per household. A household is defined, for purposes of the Troy Cable Assistance 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 Troy Cable Assistance Program service. A household may not receive multiple discounts for the Troy Cable Assistance Program. You may apply your Assistance Program discount for a landline phone. You cannot receive an Assistance Program benefit from multiple providers (e.g. Assurance Wireless, Reach Out, Wireless, Lifeline or Safelink Wireless). If your household has service from one of the providers mentioned above, you would not be eligible for an additional Assistance Program discount. You do not have to purchase broadband services to receive the Troy Cable Assistance Program discount. Troy Cable Assistance Program 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 checking 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 an Assistance 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 Assistance Program benefit, the provider through which I receive my discount is*
_____.

By checking 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 Troy Cable’s Assistance Program. I also authorize the Troy Cable to release any records required for the administration of the Assistance Program (e.g., name, telephone number, address), including to the Universal Service Administrative Company (USAC), to be used in a Assistance Program eligibility database and to ensure the proper administration of the Troy Cable Assistance Program. I understand that failure to consent will result in denial of participation in the Troy Cable Assistance Program.

By checking this box, I hereby certify that I live in an address occupied by multiple households.

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 Apartment No. (NOTE: PO Boxes cannot be accepted) | |
| Number of people in household? | |
| City, State, ZIP | |

| | |
|---|-------------------------|
| Billing Address, if different from Residential (NOTE: PO Box may be accepted) | |
| City, State, ZIP | |
| Social Security No. or Tribal Number | _____ - _____ - _____ |
| Home Telephone (10 digits) | (_____) _____ - _____ |
| Email address | |

Please answer the following questions about your residence:

- My Residential Address is permanent [] OR temporary [].
- My 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 (Check One):

| Program | Yes/No |
|--|--------|
| 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 of the Program beneficiary (if different from the applicant).

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

| Certification | Applicant Initials |
|---|--------------------|
| I meet the income-based or Program-based eligibility criteria for receiving Troy Cable Assistance Program 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 Assistance Program benefits including, as relevant: if I no longer meet the income-based or Program-based eligibility criteria; I begin receiving more than one Assistance Program benefit; or another member of my household is receiving an Assistance Program 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 below 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 Assistance Program benefits is punishable by law. | |
| I acknowledge that I may be required to re-certify my continued eligibility for Troy Cable's Assistance Program 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 Assistance Program benefits. | |
| The information contained in this certification form is true and correct to the best of my knowledge. | |

Applicant's Signature: _____

Date: _____

Printed Name: _____

Service Address: _____

Service City, State, & Zip: _____

Contact Number: (_____) _____ - _____

FOR AGENT USE ONLY (Check boxes for verified eligibility – do not copy or retain documents)

Documents that prove income eligibility

| Document Type, Year and Month | MM/YY of Document | Agent Signature and Date |
|--|-------------------|--------------------------|
| Signed prior year federal, state, or Tribal tax return | | |
| Social Security benefits statement | | |
| Veterans Administration benefits statement | | |
| Unemployment or worker compensation benefits statement | | |
| Retirement or pension statement of benefits | | |
| Another official document. Please describe other document type. _____ | | |

Documents that prove program participation (choose 1 from list A & 1 from list B below):

List A - Choose 1

| Program | Document Expiration Date MM/YY | Agent Signature and Date |
|--|--------------------------------|--------------------------|
| 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 | | |

List B - Choose 1:

| Type of Proof | Last 4 Digits of Account | Agent Signature and Date |
|---|--------------------------|--------------------------|
| Program participation card/document | | |
| Prior year's benefits statement | | |
| Notice or letter of program participation | | |