



LIFELINE/LINK UP AMERICA ON TRIBAL LANDS PROGRAM AUTHORIZATION AND SELF-CERTIFICATION FORM

You are required to complete and sign this certification/ re-certification form in order to enroll you in TerraCom Inc. 'Enhanced Lifeline and/or 'Expanded' Link Up programs as approved by the Federal Communications Commission (FCC). This authorization is only for the purpose of verifying your participation in these programs and will not be used for any other purpose.

The benefits you receive under the enhanced lifeline program will terminate one year from the date this form is signed, unless you complete another authorization and self certification form within thirty days of termination date and return to TerraCom, Inc.

- 1. I hereby certify that I participate in at least one of the following programs (check all that apply):
- Food Stamps (SNAP)
- Supplemental Security Income (SSI)
- Medical Assistance (Medicaid/Sooner Care)
- Low Income Energy Assistance Program
- Tribally Administered TANF
- Temporary Assistance for Needy Families (TANF)
- Head Start (income qualifying/ residents of Tribal Lands only)
- Vocational Rehabilitation (including Aid to the Hearing Impaired)
- Oklahoma Sales Tax Relief
- National School Lunch Program (Free Program Only)
- Federal Public Housing Assistance
- Bureau of Indian Affairs General Assistance

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

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

4. By signing below I also certify that:
- The telephone service which I am requesting receipt of Enhanced Lifeline and/or Enhanced Link Up programs for is listed in my name.
- I am not listed as a dependent on another person's tax return.
- I am at least 18 years of age and authorized to make changes to this telephone account.
- The above service address is my primary residence, not a second home or business.
- I will only receive one Lifeline connection and will not have simultaneous Lifeline connections with another provider.

5. I authorize TerraCom, Inc. or its duly authorized representative to access any records required by 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 TerraCom, Inc., if requested by the company, to verify my participation in the above program and my eligibility for 'Enhanced' Lifeline or 'Expanded' Link Up benefits.

6. By signing below I authorize TerraCom, Inc. to become my Local Telephone Service Provider, Long Distance Service Provider and appoint TerraCom, Inc. as agent in order to make changes associated with the activation of service on the telephone line listed below.

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

Applicant's Name: _____

Applicant's Address: _____ City: _____ Zip: _____

Home Phone # _____ Contact Phone: _____

Social Security # _____ Date of Birth: _____

Signature of Benefit Recipient: _____ Date: _____