



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 Cimarron Telephone Company's "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 IN TWELVE MONTHS UNLESS YOU COMPLETE ANOTHER AUTHORIZATION AND SELF CERTIFICATION FORM WITHIN THIRTY DAYS AND RETURN IT TO CIMARRON TELEPHONE COMPANY.

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

- Supplemental Nutrition Assistance Program (SNAP a/k/a Food Stamps)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)
- Medical Assistance (Medicaid/SoonerCare)
- Vocational Rehabilitation (including aid to the hearing impaired)
- Oklahoma Sales Tax Relief
- Food Distribution Program on Indian Reservations ("FDPIR")
- 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)
- National School Lunch Program (only applicant or customer who satisfy the income standard of the program for free meals)
- My income is at or less than 135% of the federal poverty level. Customer has provided sufficient proof of income as set forth in 47 C.F.R. 54.400(f). There are _____ individuals in my household.

FOR COMPANY USE ONLY

Type of document verified & description: _____

Date or expiration: _____

Method provided: _____

Name on document: _____

Date reviewed: _____

Employee: _____

2. I also certify that the telephone service location to which this certification applies is my primary/temporary (circle one) residential service address located at _____, and to the best of my knowledge this 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. I also certify that if the address identified in paragraph 2 above is a temporary ones, I will recertify my temporary residential address every 90 days.

4. I also certify that if in the future, I no longer live at the address identified in paragraph 2 above, I will notify Cimarron Telephone Company within 30 days.

5. I also certify that 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 Cimarron Telephone Company within 30 days.

6. I also certify that:

_____ a. The telephone service, which I am requesting receipt of Enhanced Lifeline and/or Enhanced Link Up 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.

_____ d. My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.

7. I authorize Cimarron Telephone Company 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 Cimarron Telephone Company, if requested by the company, to verify my participation in the above program and my eligibility for "Enhanced" Lifeline or "Expanded" Link Up benefits.

8. I affirm, under penalty of perjury, that the foregoing representations are true and that providing false or fraudulent information to receive Lifeline benefits is punishable by law.

Applicant's name: (Please print) _____

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 (last 4 digits): _____ or Tribal identification number if the subscriber does not have a SSN: _____

Date of Birth: _____

Signature of benefit recipient

Date