

Missouri Universal Service Program

Self-Certification Form for Income Eligibility

The Missouri Universal Service Program (MoUSF) is a telephone assistance plan, which provides eligible residential telephone service customers with a reduction in the price of basic local service. The MoUSF is designed to promote the provision of universal service by local exchange carriers to persons with low income, and shall be targeted to maintain affordable rates for residential local exchange service.

Eligible Lifeline customers receive a reduction per month from their local exchange telephone service as follows:

Basic local service of \$5.25, touch-tone rate - \$.65, plus a credit equal to the Federal End User Line Charge of \$6.50, and waiver of the FUSC surcharge. Additional calling features are not eligible for the discount. The Missouri Universal Service Program is limited to one discount per residence.

The Missouri Lifeline Program includes income-based eligibility criteria. These criteria are based on the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services (HHS) under authority of 42 U.S.C. § 9902(2). For Missouri Lifeline eligibility, a customer's household income must be below 135% of the federal poverty guidelines published yearly by HHS. Customers eligible under the Federal Lifeline criteria, set out below, are required to self-certify such eligibility. The Missouri Lifeline income-based eligibility criteria are as follows:

| Number in Family | Missouri Lifeline Maximum Annual Income |
|------------------|--|
| 1 | \$13,230 |
| 2 | \$17,820 |
| 3 | \$22,410 |
| 4 | \$27,000 |
| 5 | \$31,590 |
| 6 | \$36,180 |
| 7 | \$40,770 |
| 8 | \$45,360 |
| | Each Additional person add: \$4,590 |

Documentation for program certification:

- | | |
|---|---|
| <input type="checkbox"/> Prior Year's state or Federal Tax Return | <input type="checkbox"/> Social Security Statement of Benefits |
| <input type="checkbox"/> Veterans Administration Statement of Benefits | <input type="checkbox"/> Retirement/Pension Statement of Benefits |
| <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) | <input type="checkbox"/> National School Lunch Program (NSLP) |
| <input type="checkbox"/> Low Income Home Energy Assistance Program | <input type="checkbox"/> Federal Public Housing Assistance (Sec 8) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Divorce Support Documents | <input type="checkbox"/> Child Support Document |
| <input type="checkbox"/> Foods Stamps or United Tribes Food Distribution Program | |
| <input type="checkbox"/> General Assistance or BIA General Assistance | <input type="checkbox"/> Head Start (Income qualifying standard) |
| <input type="checkbox"/> Unemployment/Workmen's Compensation Statement of Benefits | |
| <input type="checkbox"/> Current income statement from employer or paycheck stub (Pay stubs or employer statements must represent 3 consecutive months worth of employment) | |

I, _____, state that my household income is at or below 135% of the federal poverty guidelines and that I have provided documentation for program verification.

I certify under penalty of perjury that the foregoing is true and correct.

(Signature of Applicant)

Date: _____

Missouri Universal Service Program
Self-Certification Form for Disability Discount

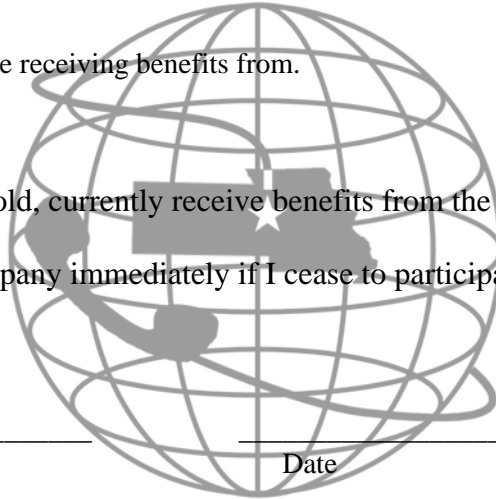
The Missouri Universal Service Program provides discounts to eligible households when one or more dependents of the household are disabled. A discount of \$3.50 is available if you or someone in your household is totally and permanently disabled or blind and receiving support from:

- _____ Veterans Administration Disability Benefits
- _____ State Blind Pension
- _____ State Aid to Blind Persons
- _____ Federal Social Security Disability
- _____ State Supplemental Payments

Please mark the program(s) you are receiving benefits from.

CERTIFICATION:

I, or a dependent of my household, currently receive benefits from the program(s) indicated above. I further agree to notify my local telephone company immediately if I cease to participate in the programs listed above.



Customer Signature

Date

Customer Name (please print)

Telephone number where you can be reached

Social Security Number

Address

Home Telephone Number

City, State, Zip Code