

**COMMNET OF NEVADA, LLC
LIFELINE/LINK-UP ASSISTANCE APPLICATION FORM**

State NV

1. APPLICANT INFORMATION (your billing address and principal address must be the same - Please Print)													
Last Name		First Name		Middle Name									
Mailing Address:			Physical Address:										
City	State NV	Zip Code	City	State NV	Zip Code								
Home Telephone Number () -		Date of Birth / /		Number of persons in household									
Cellular Phone No. (if existing customer)		Social Security Number											
<p>I currently receive, or a member of my *household currently receives, Lifeline assistance at the above address.</p> <input type="checkbox"/> Yes (<i>You are not eligible for Lifeline assistance.</i>) <input type="checkbox"/> No													
<p>I have received, or a member of my *household has received, Link Up assistance at the above address.</p> <input type="checkbox"/> Yes (<i>You are not eligible for Link Up assistance.</i>) <input type="checkbox"/> No													
2. ELIGIBILITY REQUIREMENTS (CHECK ALL THAT APPLY)													
<p>I am currently eligible to receive benefits from the following public assistance program(s):</p> <table border="0"> <tr> <td><input type="checkbox"/> Medicaid (<i>not Medicare</i>)</td> <td><input type="checkbox"/> Low Income Home Energy Assistance (LIHEAP)</td> </tr> <tr> <td><input type="checkbox"/> Food Stamps</td> <td><input type="checkbox"/> National School Lunch Program's free lunch program <i>(must qualify for free lunch)</i></td> </tr> <tr> <td><input type="checkbox"/> Supplemental Security Income (SSI)</td> <td><input type="checkbox"/> Temporary Assistance for Needy Families (TANF)</td> </tr> <tr> <td><input type="checkbox"/> Federal Public Housing Assistance (including Section 8)</td> <td></td> </tr> </table>						<input type="checkbox"/> Medicaid (<i>not Medicare</i>)	<input type="checkbox"/> Low Income Home Energy Assistance (LIHEAP)	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> National School Lunch Program's free lunch program <i>(must qualify for free lunch)</i>	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Federal Public Housing Assistance (including Section 8)	
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<input type="checkbox"/> Federal Public Housing Assistance (including Section 8)													
OR													
<input type="checkbox"/> My total *household income is at or below 150% of the Federal Poverty Guidelines (PLEASE SEE PAGE 3) <p align="center">IF YOU QUALIFY BASED ON TOTAL HOUSEHOLD INCOME, YOU MUST CHECK AND ATTACH COPIES OF ONE OR MORE OF THE DOCUMENTS LISTED BELOW</p>													
**"household" is defined as a unique residential address and "household income" is all income received by all members of the household													
<input type="checkbox"/> Prior year's State, Federal or Tribal Tax Return <input type="checkbox"/> Social Security Benefits Statement <input type="checkbox"/> Veterans Administration Benefits Statement <input type="checkbox"/> Federal or Tribal Notice Letter of Participation in Bureau of Indian Affairs General Assistance			<input type="checkbox"/> Retirement/Pension Benefit Statements <input type="checkbox"/> Divorce Decree or Child Support Documents <input type="checkbox"/> Unemployment/Workers Compensation Benefits Statements <input type="checkbox"/> Current Income Statements from Employer or Paycheck Stubs										
<p>IF YOU PROVIDE DOCUMENTATION OTHER THAN YOUR PRIOR YEAR'S STATE, FEDERAL, OR TRIBAL TAX RETURN, YOU MUST SUBMIT <u>THREE (3)</u> CONSECUTIVE MONTHS WORTH OF THE SAME TYPE OF DOCUMENT WITHIN THE CURRENT CALENDAR YEAR.</p>													

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3. APPLICANT CERTIFICATION

I AUTHORIZE COMMNET OF NEVADA, LLC (“COMMNET”) OR ITS AUTHORIZED REPRESENTATIVES TO ACCESS ANY RECORDS (INCLUDING FINANCIAL RECORDS) REQUIRED TO VERIFY MY STATEMENTS HEREIN, AND TO OBTAIN AND USE MY CREDIT AS NECESSARY TO SET UP AN ACCOUNT ALTHOUGH CREDIT HISTORY WILL NOT IMPACT ELIGIBILITY FOR LIFELINE OR LINK UP ASSISTANCE. I AUTHORIZE SOCIAL SERVICE AGENCY REPRESENTATIVES TO PROVIDE INFORMATION TO COMMNET VERIFYING MY ELIGIBILITY FOR, OR PARTICIPATION IN, A QUALIFYING PUBLIC ASSISTANCE PROGRAM. I AUTHORIZE COMMNET TO RELEASE ANY RECORDS (INCLUDING FINANCIAL RECORDS) REQUIRED FOR THE ADMINISTRATION OF THE LIFELINE/LINK UP ASSISTANCE PROGRAMS.

I UNDERSTAND THAT I MAY BE REQUIRED TO VERIFY MY CONTINUED ELIGIBILITY FOR LIFELINE ASSISTANCE AT ANY TIME AND THAT FAILURE TO DO SO WILL RESULT IN TERMINATION OF LIFELINE/LINK UP ASSISTANCE. I UNDERSTAND THAT LIFELINE ASSISTANCE IS ONLY AVAILABLE FOR ONE PHONE LINE PER HOUSEHOLD AND THAT I MAY NOT RECEIVE LINK UP ASSISTANCE MORE THAN ONCE AT THE SAME ADDRESS. I UNDERSTAND THAT LIFELINE SERVICE IS SUBJECT TO ADDITIONAL TERMS AND CONDITIONS SPECIFIED IN A SEPARATE CUSTOMER AGREEMENT.

I AGREE TO NOTIFY MY CURRENT SERVICE PROVIDER THAT I HAVE APPLIED TO RECEIVE LIFELINE/LINK UP ASSISTANCE FROM COMMNET. I ALSO AGREE TO NOTIFY COMMNET WITHIN FIVE (5) DAYS IF I CHANGE MY BILLING ADDRESS, I AM NO LONGER ELIGIBLE TO RECEIVE BENEFITS FROM AT LEAST ONE OF THE QUALIFYING PUBLIC ASSISTANCE PROGRAMS LISTED ABOVE, ANOTHER MEMBER OF MY HOUSEHOLD RECEIVES LIFELINE ASSISTANCE OR MORE THAN ONE TELEPHONE SERVES THE RESIDENCE OR MY TOTAL HOUSEHOLD INCOME EXCEEDS 150% OF THE FEDERAL POVERTY GUIDELINES (IF QUALIFICATION IS BASED ON TOTAL HOUSEHOLD INCOME).

BY SIGNING BELOW, I CERTIFY UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IS TRUE AND CORRECT, AND I AGREE TO COMPLY WITH ALL REQUIREMENTS OF THE LIFELINE/LINK UP ASSISTANCE PROGRAMS.

I AGREE TO THE CURRENT COMMNET CUSTOMER AGREEMENT, INCLUDING THE PLAN, AND OTHER TERMS AND CONDITIONS FOR SERVICES AND SELECTED FEATURES I HAVE AGREED TO PURCHASE, AND WHICH HAVE BEEN PRESENTED TO ME BY THE SALES REPRESENTATIVE, AND WHICH I HAD THE OPPORTUNITY TO REVIEW. I UNDERSTAND THAT I AM AGREEING TO LIMITATIONS OF LIABILITY FOR SERVICE AND EQUIPMENT, SETTLEMENT OF DISPUTES BY ARBITRATION AND OTHER MEANS INSTEAD OF JURY TRIALS AND OTHER IMPORTANT TERMS IN THE CUSTOMER AGREEMENT.

I UNDERSTAND THAT I MUST FULFILL THE TERMS AND CONDITIONS OF ANY EXISTING CUSTOMER AGREEMENT WITH COMMNET AND THAT TERMINATION OF MY EXISTING PLAN TO ACTIVATE LIFELINE SERVICE MAY RESULT IN THE ASSESSMENT OF A TERMINATION FEE.

TWO FORMS OF IDENTIFICATION WILL BE REQUIRED TO PROCESS YOUR APPLICATION (ONE PRIMARY, ONE SUPPLEMENTAL): **PRIMARY ID** (STATE ISSUED DRIVER’S LICENSE OR ID, U.S. PASSPORT, TRIBAL CARD, RESIDENT ALIEN CARD, U.S VISA, ETC. **SUPPLEMENTAL ID**: PUBLIC UTILITY BILL, CREDIT CARD BILL, COMPUTERIZED PAYCHECK STUB, SOCIAL SECURITY CARD, VOTER REGISTRATION CARD, VEHICLE REGISTRATION CARD, BANK STATEMENT, COUNTY ID, ETC.

DATED: _____, 20__

SIGNATURE:

OR

DATED: _____, 20__

AUTHORIZED REPRESENTATIVE:

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State NV

LIFELINE ASSISTANCE

- You will not be charged a service deposit to initiate Lifeline service.
- Lifeline service includes a free phone, 250 local minutes and 100 text messages. A charge of \$0.10 per minute applies to all non-local calls. A charge of \$0.10 per minute applies to all minutes in excess of the 250 local minutes provided under the Lifeline plan.
- International Long Distance is not part of the Lifeline plan. Your Lifeline phone may not be used to make International Long Distance calls. Access to “900” numbers is prohibited. Use of the service to make prohibited calls can result in the curtailment or termination of service.
- Basic Voice Mail, Caller ID, 3-Way Calling, Call Forwarding and No Answer/Busy Transfer are included as part of Lifeline service at no additional charge. Other services such as data service, handset insurance, and roadside assistance are not available as part of Lifeline service. All charges, either recurring or non-recurring, for any service or feature other than those included in the Lifeline plan shall be billed at applicable rates and charges.
- Lifeline and Link Up assistance is only available to a subscriber whose billing address is located within Commnet’s ETC designated service area. Lifeline service is only available for one wireline or wireless phone line per household.
- The rates set forth in this application do not include any amounts resulting from taxes, fees, or exactions imposed by or for the state, any municipal corporation or other political subdivision or agency of government against the subscribers, company or its property or its operations. It shall be the obligation of the subscribers to pay such amounts resulting from such taxes, fees or exactions and such amounts shall be billed by Commnet to its subscribers. Lifeline subscribers will not be assessed a Federal Universal Service Fund surcharge or the number portability regulatory recovery fee.
- Lifeline service is subject to the terms and conditions included in your separate Customer Agreement. Other restrictions may apply.

LINK UP ASSISTANCE

Link Up assistance is equal to one-half of Commnet’s customary activation charge of \$10.00. Commnet will waive the remaining balance of the activation charge for qualifying subscribers. Link Up assistance may only be applied once to initiate service (for a single landline or wireless telephone line) at the same address. Link Up assistance cannot be applied to customer facilities or equipment, including the cost of your phone. Link Up assistance may not be applied retroactively.

150% of Federal Poverty Guidelines – 2011	
Persons in Family or Household	48 Contiguous States and D.C.
1	\$16,335
2	\$22,065
3	\$27,795
4	\$33,525
5	\$39,255
6	\$44,985
7	\$50,715
8	\$56,445
For Each Additional Person Add	\$5,730

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND CAN BE FAXED TO:

1 (720) 246-4646

OR CAN BE MAILED TO:

Choice Wireless
PO Box 2290
Castle Rock, CO 80104

IF YOU HAVE QUESTIONS PLEASE CALL 1 (800) CHOICE9

**COMMNET OF NEVADA, LLC
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State NV

Commnet Use Only

Name: _____
Equipment Type: _____
Phone user
Rate Plan: Tribal: _____

Office Use Only

Application Number: _____
Representative Name: _____
Date Completed: _____

Documentation Presented to Verify Lifeline/Link Up Eligibility: _____