

LIFELINE TELEPHONE APPLICATION - GA

This signed application is required in order to enroll you in the Lifeline program as approved by the Federal Communications Commission (FCC). The form is only for the purpose of certifying your eligibility for the Lifeline program and will not be used for any other purpose. Please use black or blue ink only. Mail the completed form and copies of proof of eligibility to: Cox Communications, Inc., Attention: Lifeline Services, PO Box 620, Charleston, IL 61920-9905 OR you may fax completed form and copies of proof of eligibility to: 1-855-981-5433.

APPLICANT INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Home Address (Cannot be a P.O. Box) _____

City _____ State _____ Zip _____

The above address is: PERMANENT TEMPORARY Home Phone Number* _____

*By providing my signature, I consent to contact from Cox Communications or its subsidiaries, at the telephone number I provided regarding products or services via live, automated or prerecorded telephone call. I understand I am not required to enter into this agreement as a condition of purchasing property, goods, or services.

Applicant's Signature: _____

Billing Address (if different) _____

City _____ State _____ Zip _____

IMPORTANT DISCLOSURES

- Lifeline is a federal benefit. Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline benefits from multiple providers.
- Violation of the one-per-household limitation constitutes a violation of Federal Communications Commission rules and will result in the subscriber's de-enrollment from the program.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

STEP 1: Are you a current Cox Telephone customer? Yes No

STEP 2: I authorize Cox to transfer any pre-existing Lifeline benefit with another carrier to my Cox account, subject to all terms and conditions described in this application. I acknowledge that any pre-existing Lifeline discount with another carrier will cease when this transfer becomes effective. Yes No

STEP 3: I understand that if I voluntarily elect toll restriction, it will block long distance, collect and third party calling and Cox will waive any applicable deposit. I also understand that if I cancel toll restriction, Cox will require payment of the previously waived deposit. I voluntarily elect toll restriction I do not wish to have toll restriction

STEP 4: NATIONAL LIFELINE ACCOUNTABILITY DATABASE DISCLOSURE AND CONSENT. The FCC has ordered the creation of a National Lifeline Accountability Database. Cox must provide the below information about our relationship with you to the database to ensure the proper administration of the Lifeline program:

- Your full name
- Your full residential address
- The date Cox began providing you with Lifeline service
- Your date of birth
- The amount of the discount Cox provides
- The future date when your Lifeline service with Cox ends
- Your telephone number
- Whether your eligibility is program or income based
- The last four digits of your Social Security number (or Tribal ID)

By my initials and by signing this application, I confirm I have read and understand the disclosures provided above and hereby provide consent to Cox to provide the information described above to the Lifeline Service Administrator for inclusion in the database. (Failure to provide consent will result in being denied Lifeline service.) APPLICANT'S INITIALS

STEP 5: ELIGIBILITY REQUIREMENTS. Select whether you are applying for Lifeline eligibility based on (A) participation in a qualifying government program OR (B) total annual household income guidelines (next page.)

(A) PROGRAM BASED PARTICIPATION

I hereby certify that I or a member of my household participate in at least one of the programs listed below. Check ALL that apply:

- Medicaid (note: this is not the same as Medicare)
- Supplemental Nutrition Assistance Program (SNAP - Food Stamps)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (FPHA) or Section 8
- Low Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families (TANF)
- National School Lunch Program free lunch program (NSLP)
- Senior Citizen Low Income Discount Plan (SCLIDP)

APPLICATION CONTINUED ON BACK



(B) INCOME BASED ELIGIBILITY

2015 FEDERAL POVERTY GUIDELINES*

This chart reflects the eligibility guidelines for customers in Georgia at 135% of the federal guidelines.

Persons in Household	Annual Income Limits*
1	\$15,889
2	21,505
3	27,121
4	32,737
5	38,353
6	43,969
7	49,585
8	55,201
Over 8: Per each additional person	\$5,616

Total number of persons in the above household: _____

Total annual household income: \$ _____

My total household income is at or below 135% of the Federal Poverty Guidelines (Refer to chart on the right.)

New guidelines are published annually by the U.S. Department of Health and Human Services (DHHS)

STEP 6: PROOF OF ELIGIBILITY. Photocopy one or more of the following acceptable proofs of your eligibility from Step 5 and submit with this Lifeline application. (Cox cannot establish your Lifeline credit until we receive documentation.)

(A) PROGRAM BASED ELIGIBILITY

I have attached copies of one or more of the documents listed below:

- The current or prior year's statement of benefits from the program marked in step 5
- A notice letter of participation in the program marked in step 5
- A program participation document from the program marked in step 5, for example, a SNAP electronic benefit transfer card or a Medicaid participation card
- Other official document proving your participation in the program marked in step 5. Describe: _____

Benefit Qualifying Person (Provide information below only if name is different from Applicant or Cox Account Holder)

Full Name of household member receiving above benefits: _____ Or Self

Household member receiving benefit: Date of Birth _____ Last 4 digits of Social Security Number _____

(B) INCOME BASED ELIGIBILITY

I have attached copies of one or more of the documents listed below: **NOTE:** If you provide documentation of your income that does not cover a full year, you must submit three consecutive months' worth of the same type of document within the last twelve months.

- Prior year's federal or state Tax return
- Veteran's Administration benefits statement
- Divorce Decree/child support document
- Federal General Assistance Notice Letter
- Unemployment/Workers Compensation benefit statement or paycheck stub
- Social Security benefits statement
- Retirement/Pension benefit statement
- Current income statement from employer
- Other official document containing income information

STEP 7: SIGN & DATE. BY MY INITIALS AND BY SIGNING BELOW, I CERTIFY THAT: Initial each item listed and sign below.

- ____ Under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge.
- ____ I meet the program or income based eligibility criteria for receiving Lifeline benefits.
- ____ The telephone service for which I am requesting Lifeline is in my name and this Lifeline telephone account will represent the only Lifeline telephone service provided to my household, and I am aware that I can only receive the Lifeline telephone discount on one phone line (wireline or wireless).
- ____ (Only if applicable) If the address above is a temporary address, I may be required to verify my temporary address every 90 days.
- ____ If I move to another address, I will provide notice of that address to Cox within 30 days.
- ____ I acknowledge that providing false or fraudulent documentation in order to receive Lifeline benefits is punishable by law.
- ____ I acknowledge that I may be required to re-certify my continued eligibility for Lifeline assistance at any time and that failure to do so will result in de-enrollment and termination of Lifeline service.
- ____ I understand that if I fail to re-certify my eligibility and I am de-enrolled, I will be required to pay the full tariffed monthly recurring charges for my telephone service going forward.
- ____ If in the future I no longer participate in at least one of the federally qualifying programs or my total household income exceeds 135% of the Federal Poverty Guidelines listed in step 5, I begin receiving benefits from another carrier, or if conditions above change, I will promptly notify Cox within thirty (30) days that I am no longer eligible for Lifeline assistance. In 12 months, I will need to re-certify my participation in the Lifeline program.

I affirm under penalty of perjury, that the foregoing representations are true. (Cox will not process this application without a signature, date of birth and last 4 digits of Social Security Number.)

Applicant's Signature _____ Date _____

Date of Birth _____ Last 4 digits of Social Security Number _____

Unresolved complaints concerning Lifeline service can be directed to the Georgia Public Service Commission's Consumer Affairs Unit at 800-282-5813.

