

INLAND NETWORKS

103 S. 2ND Street
Roslyn, WA 98941

SERVICE APPLICATION
FOR THE SERVICE AREA OF:

For Official Use Only:	
Customer No.:	_____
Account No.:	_____
Credit Rating:	_____
Contact Phone No.:	_____
Assigned Phone No.:	_____
Desired Activation Date:	_____
CSR Initials:	_____

WASHINGTON - EXCHANGES

- DEWATTO, WA
- PRESCOTT, WA
- ROSLYN, WA
- UNIONTOWN, WA

WASHINGTON - OTHER

- CLE ELUM, S. CLE ELUM, UPPER COUNTY
- EASTON

IDAHO - EXCHANGES

- LENORE, ID
- LEON, ID

Where did you hear about Inland Networks? _____

Service Address: _____ City _____

BILLING INFORMATION

Applicants Name _____ Date of Birth _____

Drivers Lic. No. _____ and State _____ or Social Security # _____

Co-Applicants Name _____ Date of Birth _____

Drivers Lic. No. _____ and State _____ or Social Security # _____

Other Contact Number _____

Mailing Address _____

City _____ State _____ Zip _____

Optional Information:

Previous Address _____

City _____ State _____ Zip _____

BILLING POLICY

Inland Networks (services provided by Inland Telephone Company, Inland Long Distance Company, R & R Cable Company, Inland Internet and Inland Security)(where applicable) provides a combined monthly statement; all services will be in one billing statement. On the first page of the statement, there will be a total for each service and a combined total. The details for each service will be on the subsequent pages. Unless otherwise specified by you, your payment will be applied in the following order (as applicable): 1) Inland Telephone Company; 2) Inland Long Distance Company; 3) R & R Cable Company; 4) Inland Internet, and; 5) Inland Security.

Should you elect to subscribe to multiple services, as a customer, you have the option of receiving separate billing statements; a billing statement for each service. Inland Networks does not currently charge for separate paper billing statements for customers that subscribe to multiple services, however, to encourage customers to "go green", there will be a charge in the future; paper billing statements for Inland Telephone Company and Inland Long Distance Company service are excluded.

One Billing Statement YES NO

BILL STATEMENT - PAPER OR ELECTRONIC?

Do you want to receive a paper bill or an electronic bill (ebill)? (Please mark one) PAPER EBILL

If you have selected ebill, please enter your email address and a password. After your first log-in, you will be able to change your password.

EMAIL ADDRESS: _____

INITIAL PASSWORD: _____

ADDITIONAL CONTACT INFORMATION

Do you allow the Company to contact you via email? (Please mark one)

YES NO

Primary Contact Email Address: _____

To ensure compliance with the Customer Proprietary Network Information (“CPNI”) rules of the Federal Communications Commission, codified at 47 C.F.R. Part 64 Subpart U, implementing Section 222 of the Communications Act of 1934, as amended, the Company must seek the customer’s approval or disapproval to use, disclose, or permit access to the customer’s CPNI for marketing of additional services by its affiliates and business partners.

Do you allow the Company to share your account information with its affiliates for marketing of additional services and offers?

(Please mark one) YES NO

Do you allow the Company to share your account information with its business partners for marketing of additional services and offers?

(Please mark one) YES NO

CUSTOMER ACCOUNT SECURITY

Our goal is to make your account as secure as possible. In order to follow the Federal Communications Commission’s (FCC) recent guidelines designed to provide enhanced protection of your Customer Proprietary Network Information (CPNI), we ask that you create a 6 to 10-place alphanumeric pass code. If you should call our office to ask for information about your account, you will be required to remember your pass code or the answers to the Security questions.

Pass Code (ex. ABCDEF1234 or ABC1234567)

Security Questions (must answer at least two):

What city were you born in? Answer: _____

What was your first pet's name? Answer: _____

What is your favorite color? Answer: _____

AUTHORIZED USERS

I/we fully understand that I/we am/are fully responsible for the payment on this/these account(s), I/we am/are also authorizing the following person(s) to have access to the account(s) and make changes on my/our behalf. (first and last name)

Name _____ Phone Number _____
Name _____ Phone Number _____
Name _____ Phone Number _____
Name _____ Phone Number _____
Name _____ Phone Number _____

DISCLOSURE AND AUTHORIZED USERS RESPONSIBILITY

The Inland Networks family of companies are equal service providers and do not unlawfully discriminate on the basis of race, sex, age, religion, national origin, marital status, veteran status or any other basis prohibited by federal, state or local law.

I/we certify to the truth of my/our statements, that the above information is true and accurate and I/we authorize any of the above listed companies on page 1 to obtain a credit report in connection with this application, update, renewal and extension thereof. Upon request, I/we will be informed of the bureau name and address.

I/we fully understand that by signing this application, I/we am/are fully responsible for payment of the bill for service(s) and am/are authorized to make changes to the account(s). I/we fully understand that without a signature from the co-applicant that the co-applicant as well as those that I/we may have listed as authorized users are authorized to access and make changes to the account.

SIGNATURE OF APPLICANT _____ DATE _____

APPLICANT (PRINTED) _____

SIGNATURE OF APPLICANT _____ DATE _____

CO-APPLICANT (PRINTED) _____

INLAND NETWORKS

103 S. 2ND Street
Roslyn, WA 98941
(509) 649-2211; (800) 462-4578
Fax (509) 649-2555

PAYMENT & AUTHORIZATION

The Company offers the convenience of automatic payment ("auto-pay") through either a credit card, debit card or electronic funds tranfer (EFT).
Would you like to set-up auto-pay?

(Please mark one) **YES** (Please complete information) **NO** (Please go to Services)

By my/our signature(s) below, I/We am/are authorizing the Company to charge my/our credit card, debit card or bank account for charges levied by the Company on the accounts listed below. I/We fully understand that all accounts must be listed in order to participate in "auto-pay". I/We understand that the Company retains this information in a secure location. I/We have set-up this payment arrangement:

(Please mark one) **in person** **telephonically**

I/We understand that the monthly payment will be charged to the credit card, debit card or bank account listed below on the same day of each month and will be applied to my/our bill for:

Please indicate which day of the month (1st through 10th)

<u>SERVICE</u>	<u>ACCOUNT NUMBER</u>
Telephone	
Long Distance	
Cable Television	
Internet (Dial-Up, DSL, Cable Modem, Wireless)	
Security	

Payment Type: **CREDIT** **DEBIT** **EFT (Bank)**

Credit/Debit Card information:

Card Type: **Visa** **Mastercard** **Discover** **American Express**

Credit Card/Debit Card number: _____ **Expiration Date** _____

Name as shown on the Credit/Debit Card: _____

Credit/Debit Card holders billing address: _____

NOTE: Denial of your card for any reason may result in a Card Denial Fee of \$20.00 and a Late Charge; per occurrence per account if the accounts are seperately billed. If accounts are billed on a combined bill, denial of your card for any reason may result in a Card Denial Fee of \$20.00 per occurrence; a Late Charge will still apply on a per agreement per occurrence basis.

Electronic Funds Transfer (EFT) information:

Routing Number _____ **Bank** _____

Bank Account _____ **Bank Account Type** _____

Current month payment only **or** **Maximum Amount** \$ _____

NOTE: Denial of the EFT for any reason, including exceeding a "Maximum Amount", may result in an NSF Fee of \$30.00 and a Late Charge; per occurrence per account if the accounts are seperately billed. If accounts are billed on a combined bill, denial of your card for any reason may result in an NSF Fee of \$30.00 per occurrence; a Late Charge will still apply on a per agreement per occurrence basis.

SIGNATURE CARD/ACCOUNT HOLDER _____ **DATE** _____

PRINTED NAME _____

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DISCLOSURE

The Companies that comprise Inland Networks are equal service providers and do not unlawfully discriminate on the basis of race, sex, age, religion, national origin, marital status, veteran status or any other basis prohibited by federal, state or local law.

ALL RATES/SERVICES ARE CONTINGENT UPON SERVICE AVAILABILITY IN YOUR AREA.

INTERNET ALARM SYSTEM or EMIII

PREMISES INFORMATION

Is the premises a new construction? (Please mark one)

YES NO UNKNOWN

Is outside wiring required? (Please mark one)

YES NO UNKNOWN

Is inside wiring required? (Please mark one)

YES NO UNKNOWN

INSTALLATION: (Please mark one)

NEW Rate \$ _____ RECONNECT Rate \$ _____

INLAND INTERNET

(509) 649-2211; (800) 462-4578
 Fax (509) 649-2555

MONTHLY RATE

INTERNET SERVICE REQUESTED

<input type="checkbox"/> Dial-Up - Student Explorer	\$ 17.95	Student account - K thru 12 or Full-time college; 160 Hrs/Mo. + 20 MB storage
<input type="checkbox"/> Dial-Up - Explorer	\$ 19.95	Standard account for community households; 200 Hrs/Mo. + 20 MB storage
<input type="checkbox"/> Wireless Internet	\$ 39.95	\$40.00 Site Survey & Installation Charges apply; Up to 128k
<input type="checkbox"/> Wireless Internet	\$ 64.95	\$40.00 Site Survey & Installation Charges apply; Up to 1Mb

*** DSL RATES/SERVICE IS CONTINGENT UPON RESIDING IN THE TELEPHONE SERVICE AREA OF INLAND TELEPHONE COMPANY.**

**** INSTALLATION FEE WAIVED IF 3 MONTHS SERVICE IS PAID FOR IN ADVANCE.**

ADDITIONAL SERVICES

<input type="checkbox"/> Additional Dial-Up Account	\$ 17.95	Price per additional account; Quantity _____
<input type="checkbox"/> Additional E-mail Account	\$ 5.00	Price for up to 3 additional E-mail accounts.
<input type="checkbox"/> Additional Server Data Storage	\$ 10.00	Price for up to 25 Megabytes of storage.

NOTE: ALL RATES ARE AS OF JANUARY 1, 2014 AND ARE SUBJECT TO CHANGE. PLEASE SEE THE MOST CURRENT APPLICATION FOR THE CURRENT RATES.

NOTE: THE LATE PAYMENT FEE IS \$7.00 FOR DELINQUENT INTERNET PAYMENTS.

NOTE: ALL APPLICABLE TAXES AND/OR REGULATORY FEES APPLY.

NOTE: CONNECTION SPEEDS ARE NOT GUARANTEED AND MAY VARY DEPENDING ON A NUMBER OF FACTORS, INCLUDING BUT NOT LIMITED TO, THE LOCATION OF YOUR RESIDENCE, RESIDENCE WIRING, THE AMOUNT OF TRAFFIC ON THE INTERNET, THE ABILITY OF YOUR COMPUTER TO PROCESS DATA, ENVIRONMENTAL FACTORS, AND OTHER FACTORS BEYOND THE CONTROL OF INLAND INTERNET. INLAND INTERNET OFFERS A "BEST EFFORT" SERVICE AND WILL ALWAYS DO OUR BEST TO PROVIDE YOU WITH THE FASTEST CONNECTION YOUR SPECIFIC CONDITIONS WILL ALLOW.

INLAND INTERNET

(509) 649-2211; (800) 462-4578
Fax (509) 649-2555

INLAND INTERNET RESERVES THE RIGHT TO TERMINATE SERVICE IF THE PROVIDED ACCOUNT INFORMATION IS INCORRECT. ALL CONTACT INFORMATION MUST BE KEPT UP-TO-DATE AND CURRENT.

CUSTOMERS NAME _____

USER NAME AND PASSWORD

Username and Password MUST meet requirements (below) or the Internet service connection will be delayed pending compliance

Username: _____ Password: _____
(Lower case only) (Underline Capital letters. Distinguish between 0, O, 1, l & l clearly.)

Do you want an Inland Internet email address? (Mark one) YES NO

If you are **NOT** using an Inland Internet email address, please supply a valid email address below:

e-mail address: _____

USERNAME/PASSWORD REQUIREMENTS

USERNAME

A name with a minimum of three (3) and a maximum of sixteen (16) letters and/or numbers. A username, though it may contain numbers, must

PASSWORD

A "word" that is a combination of eight (8) to sixteen (16) characters. The password MUST contain at least three of the four following type characters: 1) uppercase or capital letters; 2) lowercase or little letters; 3) numbers; and 4) special or dingbat characters. Inland Internet suggests the following

- > DO NOT USE your name in any form.
- > DO NOT USE your first or last name in any form.
- > DO NOT USE your spouses or child's name.
- > DO NOT USE other information easily obtained about you like your license plate number, telephone number, social security number, street address, vehicle type, etc...
- > USE a password that you can remember. (Examples: Free4ALL, Comp#1a)(Please do not use these examples)

After the availability of your username and password are checked and your account has been activated, a customer service representative will attempt to contact you.

Additional Accounts or Additional E-mail Accounts:

Username:	1) _____	2) _____	3) _____
Password:	1) _____	2) _____	3) _____

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INTERNET TERMS AND CONDITIONS

The Customer agrees to the following:

- 1) To purchase Internet services from Inland Internet as indicated in this application.
- 2) Services are to be paid for in advance and will begin when the Customer’s account is activated and either the Customer is notified by a representative of Inland Internet or the Customer starts using the account, whichever comes first. This Agreement shall automatically be renewed monthly unless either party provides written notice of cancellation prior to the end of the current billing period.
- 3) To notify Inland Internet of any changes in the account information such as address, telephone number or any other billing information. Time is of the essence in this Agreement.
- 4) To not sell, assign, transfer or otherwise encumber any interest in the services provided pursuant to this Agreement without prior written consent of Inland Internet.
- 5) **To abide by all applicable laws regarding the use of Inland Internet services including but not limited to U.S. and International Copyright Laws and any Acceptable Use Provisions as may be posted on the Inland Internet web site (<http://www.inlandnet.com/policy/html>). Customer fully understands that a violation of this provision may, Inland Internet’s discretion; result in immediate termination of service without prior written notice.**
- 6) Inland Internet is not responsible for the purchase, provisioning or maintenance of any equipment outside of the Inland Internet facilities that may be required by the Customer to access Inland Internet services.
- 7) Use of any information obtained through this service is at the Customer’s own risk. Inland Internet specifically denies any responsibility for the accuracy or quality of information obtained through Inland Internet service and Customer agrees to indemnify and hold harmless Inland Internet and/or Inland Internet’s parent company, affiliates, officers or employees from any claims resulting from Customer’s use of this service which damages Customer or another party.
- 8) **Customer is required** to maintain all computing devices connected to the Inland Internet’s network and Inland Internet’s subscriber’s networks free of viruses, worms, Trojan horses and any other malware that interferes with any other customers service or the normal operation of the network. Normally this requires purchase, installation and weekly updating of a major, third party anti-virus software, **AND** regular Windows Update patching of Windows operating systems to repair the constant stream of new flaws discovered. Some form of firewall is strongly advised. **The Customer’s failure to keep its system(s) pest free and patched may result in suspension of service at Inland Internet’s sole discretion and may result in cancellation of service for repeat violation.**
- 9) Inland Internet reserves the right to terminate service.
- 10) This Agreement shall be construed under and enforced in accordance with the laws of the State of Washington and the validity and performance hereof shall be governed by same.

FOR INTERNET DIAL-UP ACCOUNTS ONLY

The charges for exceeding your hours will be \$10.00 per 40 hours over your allotted time. Example: 1-40 hours over will be \$10.00; 41-80 hours over will be \$20.00; and so on. You can track your usage at any time by simply pointing your browser to www.inlandnet.com, scrolling to the bottom of the page and clicking on the link that says **Subscriber Services**. There you should be able to see how many hours you have accumulated in the current month, your longest login time, your average login times for the month, and the stats of your last five (5) logins. You should also be able to view your login times for the previous month.

The most common reason for accumulating overuse charges is simply failing to disconnect from the Internet when you are no longer using it.

Storage includes the amount of mail you have on our servers, as well as any web page you may have. This is calculated as a monthly average and can be monitored by using the Subscriber Services link mentioned above. Mail that arrives at your Inland Internet email account is your responsibility even if you choose not to use it. Failure to retrieve or clear it could result in storage charges if large amounts accumulate. If you are sure you will not be using an Inland Internet email address, please let us know IN ADVANCE and arrangements can be made. The charges for exceeding the allotted storage space will be \$5.00 per 5 MB over. (Example: 1-5 MB over will be \$5.00; 6-10 MB over will be \$10.00; and so on.

I/We have read and understand the rates, terms and conditions listed above for Internet Service.

SIGNATURE OF SUBSCRIBER

DATE

SIGNATURE OF CO-SUBSCRIBER

DATE

INLAND LONG DISTANCE COMPANY

103 S. 2ND Street
P.O. Box 904
Roslyn, WA 98941
(509) 649-3700; (877) 801-1111
Fax (509) 649-3737

DISCLOSURE

Inland Long Distance Company is an equal service provider and does not unlawfully discriminate on the basis of race, sex, age, religion, national origin, marital status, veteran status or any other basis prohibited by federal, state or local law.

CALLING PLANS (only one calling plan available at this time)

INLAND Basic \$0.25 per minute/NO monthly recurring charge*

*The rate is for domestic long distance only; International rates apply for International calls. Other restrictions may apply, please ask customer service for details.

AGENCY AGREEMENT

Grant of Agency Authority:

This Agreement authorizes Inland Long Distance Company, consistent with Federal Communications Commission and Washington Utilities and Transportation Commission requirements, to act as our agent to change our Primary Interexchange Carrier (PIC) for only the services indicated for each of the telephone numbers listed on this form.

By my/our signature(s) below:

- I/We authorize Inland Long Distance Company ("ILDC") to obtain a credit report in connection with the service I/we am/are requesting from ILDC and that a deposit may be required as a result of the credit report. Upon request, I/we will be informed of the bureau name and address
- I/We understand that only one interexchange carrier may be designated as my/our Interstate (interLATA) Primary Interexchange Carrier (PIC) for any one telephone number, and I/we further understand that any PIC change made on my/our behalf may involve the imposition of a charge by the local exchange carrier that I/we am/are responsible for paying. ILDC is further authorized to change my/our Intrastate (interLATA) and international calling services for each of the telephone numbers listed on this form or any supplement to this authorization.
- I/We understand that only one interexchange carrier may be designated as my/our intraLATA Primary Interexchange Carrier (PIC) for any one telephone number, and I/we further understand that any PIC change made on my/our behalf may involve the imposition of a charge by the local exchange carrier that I/we am/are responsible for paying.
- I/We understand that the terms, conditions and rates for ILDC's Interstate and intraLATA service can be found by contacting the business office at 509-649-3700 or 1-877-801-1111, Monday through Friday, 8:00am to 5:00pm, by mail at PO Box 904, Roslyn, WA 98941-0904 or anytime at www.inlandnetworks.com

Use of services constitutes my/our agreement to those terms, conditions and rates.

Telephone Number(s) and services to be included in this authorization:

Telephone Number	InterLATA Y/N?	InterLATA Y/N?	International Y/N?

I/we fully understand that by signing this Agency Agreement, I/we am/are primarily responsible for payment of the bill and am/are authorized to make changes to the account. I fully understand that without a signature from the co-applicant that the co-applicant as well as those that I/we may have listed as authorized users on the application, are authorized to access and make changes to the account.

SIGNATURE OF APPLICANT _____ **DATE** _____

APPLICANT (PRINTED) _____

SIGNATURE OF CO-APPLICANT _____ **DATE** _____

CO-APPLICANT (PRINTED) _____

INLAND TELEPHONE COMPANY

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CERTIFICATION BY CUSTOMER IN ORDER TO RECEIVE FEDERAL LIFELINE SUPPORT

STATE ELIGIBILITY (Idaho ONLY)(Subscriber signature not required)

I certify that I am qualified through the:

Community Action Partnership Association of Idaho (CAPAI) (Inland must receive email confirmation from CAPAI)

INCOME ELIGIBILITY

I certify that my household income is at or below 135% of the federal poverty guidelines and therefore I qualify for Lifeline Support under the federal income requirements and have provided proof of my qualifications.

FEDERAL PROGRAM ELIGIBILITY

I certify that I qualify for Lifeline Support and am currently participating in one or more of the programs listed that I have checked below and am providing a copy of my benefit or program participation card or award letter.

- Federal Public Housing Assistance (FPHA) or Section 8
- Supplemental Nutrition Assistance Program (SNAP)(Food Stamps)
- Low Income Home Energy Assistance Program (LIHEAP)
- National School Lunch Program's free lunch program
- Medicaid
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)

TRIBAL LIFELINE ELIGIBILITY

Tribal Identification Number _____

I certify that I qualify for tribal Lifeline Support, as I reside on land that meets the Bureau of Indian Affairs definition of "reservation" (any federally recognized Indian tribe's reservation, Pueblo, or Colony including former reservations in Oklahoma, Alaska Native regions, and Indian Allotments) **AND** participate in one or more of the programs listed that I have checked below and am providing a copy of my benefit or program participation card or award letter.

- Federal Public Housing Assistance (FPHA) or Section 8
- Supplemental Nutrition Assistance Program (SNAP)(Food Stamps)
- Low Income Home Energy Assistance Program (LIHEAP)
- National School Lunch Program's free lunch program
- Head Start (Income eligible)
- Medicaid
- Bureau of Indian Affairs General Assistance
- Tribal Administered Temporary Assistance for Needy Families (TTANF)
- Temporary Assistance for Needy Families (TANF)
- Food Distribution Program on Indian Reservations
- Supplemental Security Income (SSI)
- Income Eligibility (See Income Eligibility)

SUBSCRIBER CERTIFICATION

It is understood that by participating in the Lifeline program, the support that I receive is not actual payment to me but a discount on my monthly billed service. Participating in Lifeline does not protect me from collection procedures if I do not pay my phone bill. I fully understand that this discount, as well as the criteria for participation in the Lifeline Program, may change and I may no longer qualify, or the amount of support may increase or decrease.

As the Certifying Subscriber, I certify that, (i) the service is for me and not a member of the household; (ii) I am not listed as a dependent on someone else's tax return; and, (iii) the service address is my primary residence. I further certify that the service that I receive from Inland Telephone Company is my main line of service and neither I nor anyone in my household receives Lifeline Support for any other telecommunications service. Further, I understand that Lifeline is a federal benefit program that provides a monthly discount on either home or mobile telephone service and **ONLY ONE** Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline Support from multiple telecommunications companies. I understand that violation of the one-per-household requirement will result in de-enrollment from the program and possible fines and imprisonment. As the Certifying Subscriber claiming income eligibility, I certify that the documentation I have provided accurately represents: (i) my household income and the number of persons in my household; or, (ii) proof of participation in an eligible program.

I certify that I will notify Inland Telephone Company within 30 days,(i) if for any reason I should no longer participate in any of the eligible programs or qualify by income, and or (ii) if I move from the address provided on this form. If my address listed above is temporary, I certify that I will verify my address to Inland Telephone Company every 90 days. I understand that if I fail to respond to an attempt to verify my address within 30 days, my Lifeline support may be terminated. I understand that if I fail to give notice as required, I am subject to penalties, including de-enrollment, being barred from the program and fines and imprisonment.

I understand that Lifeline Support is not transferrable and that I may not transfer my service to any individual, including another eligible Lifeline Support recipient. I further understand that if my service goes unused for 60 days, my service will be suspended subject to a 30 day period in which I may use the service or contact Inland Telephone Company to confirm that I want to continue receiving the service.

Further, I fully understand that in order to continue to receive this support, I must annually, or more often, certify my eligibility and provide proof of eligibility. I understand that my failure to timely re-certify will result in de-enrollment and termination of my Lifeline benefits.

I fully understand that the Lifeline Program is administered by the Universal Service Administration Company (USAC) under the guidance and authority of the Federal Communications Commission (FCC)and that all of the information that I have supplied pertaining to my eligibility will be shared with USAC and the FCC and I give my consent to do so.

I certify that the information provided on this form is true and correct to the best of my knowledge under penalty of perjury and if I have provided any misleading statements in order to receive support, I will be liable for any support received, my service may be discontinued, it may result in de-enrollment and my being barred from the program and I would be subject to state and federal fines and imprisonment.

SIGNATURE OF APPLICANT _____ DATE _____

APPLICANT (PRINTED) _____

SOCIAL SECURITY NUMBER XXX-XX- _____

DATE OF BIRTH _____

SERVICE ADDRESS _____

BILLING ADDRESS _____

TELEPHONE NUMBER _____

NUMBER OF PERSONS IN FAMILY OR HOUSEHOLD _____

////////// BELOW - FOR OFFICIAL USE ONLY //////////

Inland Telephone Company service - Customers serving Exchange

- | | | | |
|--------------------------|--------------|--------------------------|---------------|
| <input type="checkbox"/> | DEWATTO, WA | <input type="checkbox"/> | UNIONTOWN, WA |
| <input type="checkbox"/> | PRESCOTT, WA | <input type="checkbox"/> | LENORE, ID |
| <input type="checkbox"/> | ROSLYN, WA | <input type="checkbox"/> | LEON, ID |

SIGNATURE OF CUSTOMER SERVICE REPRESENTATIVE _____

PRINTED NAME OF CUSTOMER SERVICE REPRESENTATIVE _____

See Federal Poverty Guideline for a list of acceptable documentation for income eligibility.

Inland Telephone Company will keep the information contained in this form confidential, except as required by federal or state law. ALL INFORMATION COMPLETED ON THIS FORM IS SUBJECT TO STATE AND FEDERAL PERJURY PENALTIES .

INLAND TELEPHONE COMPANY

(509) 649-2211; (800) 462-4578

Fax (509) 649-2555

LIFELINE HOUSEHOLD WORKSHEET

Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An **adult** is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). **Household expenses** include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). **Income includes** salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

1) Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check NO if you do not have a spouse or partner)

YES NO

> If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives Lifeline. **Only ONE** Lifeline discount is allowed per household.

> If you checked **NO**, please answer question #2.

2) Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?

- A. A parent YES NO
- B. An adult son or daughter YES NO
- C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc..) YES NO
- D. An adult roommate YES NO
- E. Other _____ YES NO

> If you checked **NO** for each statement above, you do not need to answer the remaining questions. **Please initial line B**, below, and sign and date the worksheet.

> If you checked **YES**, please answer question #3.

3) Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2?

YES NO

> If you checked **NO**, then your address includes **more than one household**. **Please initial lines A and B below**, and sign and date the worksheet.

> If you checked **YES**, then your address includes **only one household**. You **may not** sign up for Lifeline because someone in your household already receives Lifeline.

CERTIFICATION

Please initial the certification below and sign and date this worksheet which must accompany your Lifeline application.

A. _____ I certify that I live at an address occupied by multiple households.

B. _____ I understand that violation of the one-per-household requirement is against the Federal Communications Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States Government.

SIGNATURE _____

DATE _____