

The Lifeline Program is a federal program that helps eligible consumers pay for wireless or home telephone service by discounting monthly service bills. At least once each year, consumers who receive Lifeline Program-supported service must recertify that 1) they remain eligible, and 2) no one else in their household receives Lifeline Program-supported service. If you receive a Lifeline Program benefit and would like to recertify your continued eligibility, you must do so by your Lifeline Anniversary date. If you do not return this complete your recertification by your Lifeline Anniversary date, Global Connection Inc. of America will remove your monthly Lifeline discount. This may result in an increased monthly phone bill. **You may also recertify by calling the Global Connection Recertification Hotline at 1-888-212-9668 or visit our website at www.realhomephone.com and click 'Recertify'.**

Mail your completed form to:
Global Connection Inc. of America
PO Box 1187 Norcross, GA 30091
OR FAX your completed form to:
1-888-552-0696
Or Email a scanned copy to:
Lifeline@GCIOA.com

Section 1: Customer Information

1. Lifeline Supported Telephone Number () _____

2. First Name _____ Middle Name _____ 3. Last Name _____

4. Date of Birth Month: _____ Day: _____ Year: _____ 5. Last Four Digits of Social Security Number: _____

Subscriber's address of primary address (no Post Office Box):

6. Street Address: _____ 7. Apt: _____ 8. City: _____

9. State: _____ 10. Zip Code: _____ 11. Is this a temporary address? YES NO

Billing address, if different from service address (may include Post Office Box):

12. Street Address: _____ 13. Apt: _____ 14. City: _____

15. State: _____ 16. Zip Code: _____

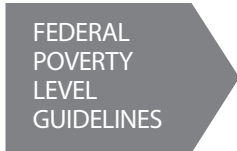
Section 2: Program Requirement — Eligibility

Complete this section to indicate that you (or your dependent or a member of your household) receives benefits from at least one of the programs listed below.

17. I (or my dependent or member of my household) receive benefits from at least one of the programs listed below.
If checked, please indicate the program(s) from which you (or your dependent or member of your household) receives benefits. Check all that apply.
- Medicaid
 - Supplemental Nutrition Assistance Program
 - Supplemental Security Income
 - Federal Public Housing
 - Veterans Pension and Survivors Benefit Program
 - I do not receive benefits, but my dependent or a member of my household does receive benefits from a program checked above. Full name of dependent or household member receiving benefits _____

Complete this section to indicate that you (or your dependent or a member of your household) meets the income requirements listed in the table.

18. My household income is at or below the amount listed below for my state.
If checked, number of people in my household: _____



Household Size	48 Contiguous States and D.C.	Alaska	Hawaii	Household Size	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$16,281	\$20,331	\$18,711	6	\$44,496	\$55,634	\$51,179
2	\$21,924	\$27,392	\$25,205	7	\$50,139	\$62,694	\$57,672
3	\$27,567	\$34,452	\$31,698	8	\$55,782	\$69,775	\$64,166
4	\$33,210	\$41,513	\$37,192	9	\$61,425	\$76,836	\$67,960
5	\$38,853	\$48,573	\$44,685	For each additional person, add	\$5,643	\$7,061	\$6,494

Section 3: Required Certifications

Please initial ALL boxes. Check marks will not be accepted.

- Initials Required** I hereby certify under penalty of perjury that:
- I (or my dependent or other member of my household) currently receive(s) benefits from the federal/state program(s) identified above or my annual household income is at or below 135 percent of the Federal Poverty Guidelines (or the amount that applies to my state as indicated in the chart above).
- I understand that I must notify my service provider within 30 days (1) of my new address if I move or (2) if for any reason I no longer satisfy the criteria for receiving Lifeline benefits including: (a) I, or the eligible person in my household, no longer meet the program or income eligibility criteria or (b) my household receives more than one Lifeline discounted service (i.e., more than one Lifeline broadband service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband service).
- A "household" is any individual or group of individuals who live together at the same address and share income and expenses. Only one person in a household can qualify to receive Lifeline Program-supported telephone service. Only one telephone service in a household can receive Lifeline Program support. A household may not receive Lifeline Program benefits from multiple service providers. I acknowledge that my household can only receive one Lifeline Program benefit and to the best of my knowledge my household is not receiving more than one Lifeline Program benefit from either a home phone or wireless service provider.
- I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, my Tribal Identification Number (if I am a member of a Tribal nation), the telephone number that is associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits.
- I acknowledge that I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program as required will result in my removal from the Lifeline Program.
- I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program.
- All of my responses and acknowledgments provided on this application are true and correct to the best of my knowledge.

Signature: _____ Date: _____

Customers may contact their State Public Service or Public Utility Commission with any unresolved questions or complaints concerning Lifeline services:

Colorado Public Utilities Commission Consumer Affairs at 303-894-2070 or 800-456-0858	Georgia Public Service Commission's Consumer Affairs Unit at 404-656-4501 or 800-282-5813	Kansas Commission's Office of Public Affairs and Consumer Protection at 785-271-3140 or 800-662-0027 TDD 800-766-3777	Massachusetts Consumer Division Dept. of Telecommunications & Cable 617-305-3531 or 800-392-6066
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IMPORTANT

LIFELINE WIRELINE SERVICE INFORMATION:

Lifeline is a government assistance program. Only one Lifeline service is available per household. A violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in your de-enrollment from the program. Your household is not permitted to receive multiple Lifeline benefits whether they be from one or multiple companies. This includes wireline and wireless services. Lifeline is a non-transferable benefit. You may not transfer your benefit to any other person. You must activate your service. Lifeline is a federal benefit. Willingly making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Proof of eligibility is required and only eligible customers may enroll. Proof may consist of eligible program card or statement of benefits.