

Dobson Telephone Company  
LIFELINE/LINK UP AMERICA ON TRIBAL LANDS PROGRAM  
AUTHORIZATION AND SELF CERTIFICATION FORM

You are required to complete and sign this certification form in order to enroll you in Dobson Telephone Company's "Enhanced" Lifeline and/or "Expanded" Link Up programs as approved by the Federal Communications Commission (FCC). This authorization is only for the purpose of verifying your participation in these programs and will not be used for any other purpose.

**THE BENEFITS YOU RECEIVE UNDER THE ENHANCED LIFELINE PROGRAM WILL TERMINATE ON \_\_\_\_\_, UNLESS YOU COMPLETE ANOTHER AUTHORIZATION AND SELF CERTIFICATION FORM WITHIN THIRTY DAYS OF \_\_\_\_\_ AND RETURN IT TO DOBSON TELEPHONE COMPANY.**

1. I hereby certify that I participate in at least one of the following programs (**CHECK ALL THAT APPLY**):

- \_\_\_\_\_ SNAP (Supplemental Nutrition Assistance Program)
- \_\_\_\_\_ Temporary Assistance for Needy Families (TANF)
- \_\_\_\_\_ Supplemental Security Income (SSI)
- \_\_\_\_\_ Medical Assistance (Medicaid/SoonerCare)
- \_\_\_\_\_ Vocational Rehabilitation (including aid to the hearing impaired)
- \_\_\_\_\_ Oklahoma Sales Tax Relief
- \_\_\_\_\_ Federal Public Housing
- \_\_\_\_\_ Low Income Energy Assistance Program
- \_\_\_\_\_ Bureau of Indian Affairs General Assistance;
- \_\_\_\_\_ Temporary Assistance for Needy Families (TANF) Tribally-administered block grant programs;
- \_\_\_\_\_ Head Start Programs (only applicant or customer who satisfy the income qualifying eligibility provision); or
- \_\_\_\_\_ National School Lunch Program (only applicant or customer who satisfy the income standard of the program for free meals).

2. I also certify that the telephone service location to which this certification applies is my primary residential service address located at \_\_\_\_\_, and to the best of my knowledge this primary residential service address is located on former tribal land/reservation (as defined in title 25- Code of Federal Regulation, section 20.1, paragraph (v)).

3. If in the future, I no longer participate in at least one of the programs listed in item 1 above, or conditions in item 2 above change, I will promptly notify Dobson Telephone Company.

4. I also certify that:

- \_\_\_\_\_ a. The telephone service which I am requesting receipt of Enhanced Lifeline and/or Enhanced LinkUp programs for is listed in my name.
- \_\_\_\_\_ b. I am not listed as a dependent on another person's tax return.
- \_\_\_\_\_ c. The above service address is my primary residence, not a second home or business, and that I am not receiving Lifeline/Linkup credits on any other number.

5. I authorize Dobson Telephone Company or its duly appointed representative to access any records required to verify these statements in order to confirm my continued participation in the above program. I authorize representatives of the above programs to discuss with and/or provide copies to Dobson Telephone Company, if requested by the company, to verify my participation in the above program and my eligibility for "Enhanced" Lifeline or "Expanded" Link Up benefits.

6. I affirm, under penalty of perjury, that the foregoing representations are true.

Applicant's Name \_\_\_\_\_

Applicant's Billing Address, if different than identified in paragraph 2 above \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_

Work Phone Number ( ) \_\_\_\_\_

(Your contact number during weekdays between 8 a.m. and 5 p.m.)

Social Security Number \_\_\_\_\_

\_\_\_\_\_  
Signature of benefit recipient

\_\_\_\_\_  
Date