

## CenturyLink Internet Basics PROGRAM APPLICATION

**Please Read All Instructions Before Completing**

Date: \_\_\_\_\_

Thank you for applying for the CenturyLink Internet Basics Program. Please follow the below five steps and fill in all information as completely as possible. The information on this application is strictly confidential and will only be used to verify your eligibility for the CenturyLink Internet Basics program and service. Once you have completed and signed this form please mail or fax the form and copies of supporting documents as instructed at the bottom of the fourth page. Once your form and supporting documentation is received, CenturyLink may contact you regarding your eligibility and to complete your order if necessary. Original documents will not be returned.

### Step 1 - Customer Information

Please fill in all customer information completely:

Telephone Number	First Name	Last Name	Date of Birth	
Address/Apartment #			City	State
Zip code				
SSN# for Applicant	Cell or can be reached phone number		Best time for us to reach you to complete your order	
Current email address			Number of People in Household (required when qualifying under income criteria)	

### Step 2 - Qualification Section

Please check. **Option 1.)** One of the following seven Federal programs (table just below) in which you or your household currently participate **OR Option 2.)** If qualifying under Income, see Income Guidelines below **OR Option 3.)** Check one of the State programs listed on the back of this page (page 2) for the state in which you live.

#### Option 1: Federal Programs

If you participate in one of the below federal programs, please check the box next to the program(s) you currently are enrolled:

<input type="checkbox"/> Federal Public Housing Assistance (FPHA) or Section 8	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> National School Lunch Program's Free Lunch Program	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) Formerly Known As Food Stamps	

#### Option 2: Income Guidelines

If you do not participate in any of the federal programs above or state programs on the second sheet of this application, you are eligible for CenturyLink Internet Basics Program if your annual household income is at or below the amounts shown below depending on the size of your household. Please also indicate the size of your household by checking the appropriate box in the first column:

Check the box next to the number of members in the household	IF YOUR TOTAL YEARLY HOUSEHOLD INCOME IS <u>AT OR BELOW</u> THE AMOUNTS SHOWN:	All States Not Listed to the Right	KS, NM, OH, FL, MI, NJ (seniors 65 and older),	NV
	<b>Number in household</b>	<b>135% of Federal Poverty Level</b>	<b>150% of Federal Poverty Level</b>	<b>175% of Federal Poverty Level</b>
1 <input type="checkbox"/> 11 <input type="checkbox"/>	1	\$15,890	\$17,655	\$20,598
2 <input type="checkbox"/> 12 <input type="checkbox"/>	2	\$21,506	\$23,895	\$27,878
3 <input type="checkbox"/> 13 <input type="checkbox"/>	3	\$27,122	\$30,135	\$35,158
4 <input type="checkbox"/> 14 <input type="checkbox"/>	4	\$32,738	\$36,375	\$42,438
5 <input type="checkbox"/> 15 <input type="checkbox"/>	5	\$38,354	\$42,615	\$49,718
6 <input type="checkbox"/> 16 <input type="checkbox"/>				
7 <input type="checkbox"/> 17 <input type="checkbox"/>				
8 <input type="checkbox"/> 18 <input type="checkbox"/>		\$5,616	\$6,240	\$7,280
9 <input type="checkbox"/> 19 <input type="checkbox"/>	For each additional household member add			
10 <input type="checkbox"/> 20 <input type="checkbox"/>				

**Option 3: State Programs**

If you live in one of the states listed below\* you may qualify for CenturyLink Internet Basics via one of the following state programs. Please check the box next to the program(s) in which you currently are enrolled.

<b>AZ</b>	<input type="checkbox"/> Telephone Assistance Program for the Medically Needy is available to qualifying individuals who have a special medical need which requires that they have a telephone in the Home	<b>OH</b>	<input type="checkbox"/> Ohio Energy Credit Program (OECF) <input type="checkbox"/> SSDI <input type="checkbox"/> Medical Assistance, including state programs that might supplant Medicaid <input type="checkbox"/> Ohio Works First <input type="checkbox"/> General Assistance including Disability Assistance (DA) <input type="checkbox"/> HEAP, E-HEAP
<b>CA</b>	<input type="checkbox"/> Healthy Families Category A <input type="checkbox"/> Women, Infants & Children (WIC) <input type="checkbox"/> Medi-Cal <input type="checkbox"/> State TANF Programs - CalWORKS, StanWORKS, WTW, and GAIN	<b>OK</b>	<input type="checkbox"/> Medical Assistance <input type="checkbox"/> Vocational Rehabilitation (including Aid to the Hearing Impaired) <input type="checkbox"/> OK Sales Tax Relief
<b>FL</b>	<input type="checkbox"/> Temporary Cash Assistance	<b>OR</b>	<input type="checkbox"/> State Medical Programs
<b>GA</b>	<input type="checkbox"/> Senior Citizen Low-Income Discount Plan Offered by Local Gas or Power Company	<b>TX</b>	<input type="checkbox"/> Health Benefits Coverage under Child Health Plan (CHIP) Chapter 62.
<b>KS</b>	<input type="checkbox"/> General Assistance <input type="checkbox"/> Food Distribution Program	<b>UT</b>	<input type="checkbox"/> General Assistance <input type="checkbox"/> Home Energy Assistance Target Programs/Help Program, <input type="checkbox"/> Refugee Assistance <input type="checkbox"/> Head Start Program (income qualifying standard only)
<b>MN</b>	<input type="checkbox"/> Minnesota Family Investment Program (MFIP)	<b>WI</b>	<input type="checkbox"/> WI Works <input type="checkbox"/> Medical Assistance <input type="checkbox"/> WI Homestead Tax Credit <input type="checkbox"/> Badger Care
<b>MO</b>	<input type="checkbox"/> MOHealthNet (f/k/a Medicaid)	<b>WY</b>	<input type="checkbox"/> Child Care Assistance <input type="checkbox"/> Prescription Drug Assistance <input type="checkbox"/> Personal Opportunities with Employment Responsibilities (POWER)
<b>NE</b>	<input type="checkbox"/> Children's Health Insurance Program (Kids Connection, SAM, MAC, and E-MAC)	<b>Tribal</b>	<input type="checkbox"/> Head Start (Income Eligible) <input type="checkbox"/> Bureau of Indian Affairs (BIA) General Assistance Programs <input type="checkbox"/> Tribally Administered Temporary Assistance for Needy Families <input type="checkbox"/> Food Distribution Program on Indian Reservations
<b>NJ</b>	<input type="checkbox"/> Work First New Jersey <input type="checkbox"/> General Assistance <input type="checkbox"/> Pharmaceutical Assistance to the Aged and Disabled <input type="checkbox"/> Lifeline Utility Credit / Tenants Lifeline Assistance		

**\*If your state is not listed in this table, there are no additional state programs available for eligibility. Only the federal programs and income levels listed on the first page may be considered for eligibility in your state.**

### Step 3 - Service Order Form

**EXHIBIT 4**

Please check the boxes below to select your HSI service and equipment in either column.

<b>No, I do not want to purchase a iPad Mini</b> 1 Year Term Commitment (Minimum commitment required)	<b>Yes, I would like to purchase a iPad Mini</b> 2 Year Term Commitment (Minimum commitment required for iPad Mini purchase)										
iPad Mini not available for purchase with the one year Term Commitment	<b>iPad Mini purchase</b> \$150.00  <input type="checkbox"/>										
<b>Modem Equipment</b>  <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; padding: 5px;"> <b>Modem Lease</b>            \$8.99/month*   <input type="checkbox"/> </td> <td style="width:50%; text-align: center; padding: 5px;"> <b>Modem Purchase</b>            \$99.99 one-time charge   <input type="checkbox"/> </td> </tr> </table>	<b>Modem Lease</b> \$8.99/month*  <input type="checkbox"/>	<b>Modem Purchase</b> \$99.99 one-time charge  <input type="checkbox"/>	<b>Modem Equipment</b>  <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; padding: 5px;"> <b>Modem Lease</b>            \$8.99/month*   <input type="checkbox"/> </td> <td style="width:50%; text-align: center; padding: 5px;"> <b>Modem Purchase</b>            \$99.99 one-time charge   <input type="checkbox"/> </td> </tr> </table>	<b>Modem Lease</b> \$8.99/month*  <input type="checkbox"/>	<b>Modem Purchase</b> \$99.99 one-time charge  <input type="checkbox"/>						
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<small>**Shipping and handling charges only apply when purchasing a modem without Tech Install.</small>	<small>**Shipping and handling charges only apply when purchasing a modem without Tech Install.</small>										

\*Both one and two year term commitments have a prorated \$200 Early Termination Fee that is applied if customer disconnects before the end of their term. Qualifying customers may keep the **CenturyLink Internet Basics** program for a maximum of 5 years after service activation provided customer still qualifies during that time. Prices for HSI service return to normal rates after 5 years. Modem Lease/Purchase fees, Install fees, and Required fees, in some areas, may be less. The first bill will include charges for the first full month of service billed in advance, prorated charges for basic service from the date of installation to bill date, and one-time charges for service activation or equipment purchases. iPad Mini purchase must be paid in full prior to shipment. Equipment and service taxes may apply. If you purchase the iPad Mini as part of this program the warranty and support for the computer equipment will be covered by the manufacturer or other identified third party, not CenturyLink.

**Step 4 - Confirmation Page**

Please read and sign below as acknowledgement

**PLEASE READ AND SIGN THE FOLLOWING:**

By signing below, I certify under penalty of perjury that 1) the information contained within this application and accompanied documents are true and correct; 2) the HSI service for which I am applying for the discount will be billed in my name; 3) the address listed is my primary place of residence, not a second home or a business; 4) I understand and agree that my household can only receive one HSI discount in total even if my household has more than one internet account; and 5) the number of people in my household as stated above (when qualifying under income criteria) is true and correct. 6.) I currently do not have HSI internet with CenturyLink and have not for the last 90 days.

I authorize CenturyLink or its duly appointed representative to access any records required to verify my statements herein and to confirm my continued eligibility for this HSI discount program. I also authorize social service agency representatives to discuss with and/or provide information to CenturyLink verifying my participation in benefit programs that qualify me for this program. If approved for this program, I authorize CenturyLink or its appointed representative to contact me to gather additional information on my experience with the CenturyLink Internet Basics program. If approved for this program, I also authorize CenturyLink to perform a credit check as part of establishing service. I understand that completion of this application does not constitute immediate approval for the CenturyLink Internet Basics program.

I agree to notify CenturyLink when I no longer participate in any of the above qualifying public assistance programs or when there has been a change in the size or income level of my household. I am aware that CenturyLink may require a yearly re-approval process to ensure continued eligibility for this program and I could be discontinued from the CenturyLink Internet Basics program at the time I no longer am eligible. I am aware that I am allowed to have the CenturyLink Internet Basics program discount only once and it cannot be re-applied for if it is taken off my account or I discontinue service for any reason. I am aware that I can stay on the CenturyLink Internet Basics program for a maximum of 5 years after activation of service providing I meet the qualification requirements continually during that 5 year time and keep the account in good standing. If I elect to purchase the computing equipment as part of the participation in this program, the computer equipment will be covered by the warranty of the manufacturer or third party supplier. I certify under penalty of perjury the above information and attached documentation is true and that I and no one else are receiving benefits at this address for HSI service.

By signing below, I acknowledge that providing fraudulent documentation in order to receive assistance is punishable by law.

\_\_\_\_\_  
Applicant Signature\_\_\_\_\_  
Date

**DISCLAIMER – Individuals that qualify for the HSI discount program based on eligibility, may experience service limitations. Speed and availability of service are not guaranteed. CenturyLink high speed internet service requires the use of a compatible modem or router.**

**Step 5. Submit Application**

Confirm all required information above has been filled in completely and a copy of all supporting documents required for the program you checked above are also included prior to faxing or mailing application.

Note: If using income to prove eligibility for the CenturyLink Internet basics program, please provide a copy of one of the following as proof when submitting application:

- Last year's Federal or State Income Tax Return
- Current Annual Income Statement from Employer
- Paycheck Stubs for most recent three consecutive months
- Social Security Statement of Benefits
- Veteran's Administration Statement of Benefits
- Retirement or Pension Statement of Benefits
- Unemployment or Worker's Compensation Statement of Benefits
- Letter of Participation in General Assistance
- Divorce Decree or Child Support Documentation

**To submit your application for CenturyLink Internet Basics, please mail or FAX this completed application and copies of required supporting documents to (Original Documents are not returned):**

CenturyLink Data Services Or Fax to 1-866-810-7530  
555 Lake Border Drive  
Apopka, FL 32703

For answers to questions concerning this program,  
Please call CenturyLink at (866) 541-3330