

Hurricane Katrina Lifeline and Link Up Assistance
Sample Letter

USAC Service Provider Identification Number (SPIN)	
Study Area Code (SAC)	
Company Name	
Mailing Address	
Contact Name	
Telephone Number	
Fax Number	
E-mail Address	

Submission Date	
Data Month	
Type of Filing (check one)	<input type="checkbox"/> original <input type="checkbox"/> revision
State	

Temporary Lifeline Support for Eligible Consumers Affected by Hurricane Katrina

Number of Households Receiving Wireless Lifeline (free wireless handset and/or at least 300 minutes of use)	Amount of Discount	Total
0	\$130.00	0

Of the Households listed above, how many received a free wireless handset? *(Do not include households that purchased only minutes of use because they already own a handset.)*

0

Temporary Link Up Support for Eligible Consumers Affected by Hurricane Katrina

Number of Connections Waived At Temporary Residences	Amount of Discount	Total
0	\$30.00	0

Number of Reconnections Waived At Permanent Residences	Amount of Discount	Total
0	\$30.00	0

Total Hurricane Katrina Lifeline and Link Up Support Claimed

0

Certifications

I certify that my company's claims for federal Hurricane Katrina Lifeline support are based on applications by eligible consumers postmarked on or before June 1, 2006.

I certify that my company's claims for federal Hurricane Katrina Link Up support are based on applications by eligible consumers postmarked on or before March 1, 2007.

I certify that my company will publicize the availability of Lifeline and Link Up services in a manner reasonably designed to reach those likely to qualify for those services.

I certify that the customers who received the benefits for which my company seeks support have represented that they are approved for FEMA disaster housing assistance or have been determined by FEMA to be eligible for housing assistance related to Hurricane Katrina and that my company has received the necessary certifications from its customers.

I certify that my company will pass through the full amount of all federal Lifeline and Link Up support for which my company seeks reimbursement, as well as all applicable intrastate support, to all qualifying low income subscribers by an equivalent reduction in the subscriber's monthly bill for local telephone service.

I certify that my company (check one):

- is subject to state regulation
- is not subject to state regulation

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify that the data contained in this Sample Letter has been examined and reviewed and is true, accurate and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be

[Date]

[Signature of Employee or Officer]

[Printed Name of Employee or Officer]

[Title of Employee or Officer]