

Application for Support Eligibility



Company Information

Legal Name of Applicant	
d/b/a or Trade Name	
Address 1	
Address 2	
City, State, Zip	

Reporting Period and Federal Support Information

A	Reporting Period Beginning (MM/DD/YYYY)	
	Reporting Period Ending (MM/DD/YYYY)	
B	Number of Missouri Lifeline subscribers receiving Federal Support	

Low Income Subscribers Support - Full Month

C	Number of Low Income Subscribers Receiving Missouri Lifeline Support	
D	Eligible Support Per Subscriber (\$3.50 maximum)**	
E=C*D	Total Low Income Support - Full Month	

Low Income Subscriber Support - Partial / Fractional Month

F	Total Low Income Support - Partial / Fractional Month	
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Disabled Subscribers

G	Number of Disabled Subscribers Receiving Missouri Lifeline Support	
H	Eligible Support Per Subscriber (\$3.50 maximum)**	
I=G*H	Total Disabled Subscriber Support	

Disabled Subscriber Support - Partial / Fractional Month

J	Total Disabled Support - Partial / Fractional Month	
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K=E+F+I+J	Total MoUSF Support for Reporting Period	
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** Eligible support received may not exceed charges for local service. This may occur if Federal and State support exceed the local rate.

SELECT PAYMENT METHOD: Electronic Funds Transfer Paper Check Mailed to Address Below

CERTIFICATION: To the best of my knowledge, information and belief, I hereby certify that the information reported above is consistent with 4 CSR 31 (Missouri Universal Service Fund rules promulgated by the Commission). I further recognize that any intentionally false statement or declaration made herein is punishable under Section 575.060, RSMo 2000, as a class B misdemeanor.

Submission Date _____
 Signature _____
 Authorized Agent (Name) _____
 Authorized Agent (Title) _____
 Contact Information _____ Telephone _____ E-mail _____

MoUSF Form B-031507

Mail Executed Form and Payment To:

MoUSF Administrator
 P.O. Box 6285 Denver, CO 80206-6285
 or
 E-mail Executed Form to:
MoUSF@QSIConsulting.com

Contact administrator to make arrangements for payment by electronic funds transfer

Administrator Contact: 303.722.2684