

MT. SHASTA FOREST

RURAL TELECOMMUNICATIONS INFRASTRUCTURE GRANT PROGRAM  
RESIDENTIAL QUALIFICATION LETTER

RESIDENT'S NAME: \_\_\_\_\_

RESIDENT'S ADDRESS: \_\_\_\_\_ Latitude \_\_\_\_\_

City \_\_\_\_\_ CA Zip \_\_\_\_\_ Longitude \_\_\_\_\_

If Rural Telecommunications Infrastructure Grant money became available so you could have telephone service from Frontier Communications without paying a line extension charge, would you be willing to become a subscriber for a minimum of 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No (If "No," skip to bottom, sign and date.)

Total Annual Household Income \$ \_\_\_\_\_ (Subject to verification by California PUC)

Are you a full-time resident? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you the owner of this residence? \_\_\_\_\_ Yes \_\_\_\_\_ No - If "No," who is owner?

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

\_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RESIDENT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_