

Completing this application will assist Mosaic Technologies to determine if you are eligible to receive discounted internet service under the Mosaic Community Assist program.

Mosaic Community Assist Guidelines:

- Mosaic Community Assist is for new, residential customers only
- Eligible customers are allowed one credit per household, not per person. A household is a group of people who live together and share income or expenses (even if they are not related to each other)
- Customers may qualify for Mosaic Community Assist if their household income is 200% or below the current Federal Poverty guidelines
- If qualified, customers can receive the 25 / 10 Mosaic Community Assist internet package at \$24.95 per month
- No other internet speed packages are available under this program
- Mosaic Community Assist credits are non-transferrable
- Mosaic Community Assist may not be used in conjunction with the FCC's Emergency Broadband Benefit Program

Mosaic Community Assist Application:

Full Legal Name	Date of Birth	
Phone Number	Email Address	
Last 4 digits of your Social Security Number		
Home Street Address		
City	State	Zip
Home Mailing Address		
City	State	Zip

Qualify For Mosaic Community Assist (all fields are required)

- Please complete the below information and attach a copy of your most recent tax return. If you do not have a copy of your most recent tax return, you can request a transcript by calling 1-800-908-9946 or go online to www.irs.gov/Individuals/Get-Transcript.
- If you are not required to file a tax return, please attach a copy of:
 - Current income statement from an employer or paycheck stub.
 - Social security statement of benefits.
 - Unemployment or Workers' Compensation statement of benefits.
 - Federal notice letter of participation in General Assistance.
 - Divorce decree, child support award, or other official document containing income information.

Including you, how many people live in your household (check one)	Is your annual income the same or less than the amount listed for your household size? (only check yes or no next to your household size)		
<input type="checkbox"/> 1	Below \$25,760.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 2	Below \$34,840.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 3	Below \$43,920.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 4	Below \$53,000.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 5	Below \$62,080.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 6	Below \$71,160.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 7	Below \$80,240.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 8	Below \$89,320.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual income is 200% of 2021 Federal Poverty Guidelines Federal Poverty Guidelines are typically updated the end of January .			

Mosaic Community Assist Agreement:

- Please initial next to each statement.

Initial	My annual household income is below 200% of the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table included on this form) .
Initial	I agree that if I move, I will give Mosaic my new address within 30 days.
Initial	I understand that I have to tell Mosaic within 30 days if I do not qualify for Mosaic Community Assist anymore, including if my annual household income exceeds 200% of the Federal Poverty Guidelines.
Initial	I know that my household can only get one Mosaic Community Assist benefit and, to the best of my knowledge, my household is currently receiving the Mosaic Community Assist benefit .
Initial	I agree that all the information I provide on this form may be collected, used, shared, and retained for the purposes of applying for and/or receiving the Mosaic Community Assist benefit. I understand that if this information is not provided to Mosaic Technologies, I will be ineligible for the Mosaic Community Assist benefit .
Initial	All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.
Initial	I know that willingly giving false or fraudulent information to get Mosaic Community Assist benefits can result in de-enrollment or being barred from the program.
Initial	I agree that I will need to recertify (renew) my Mosaic Community Assist benefits annually with Mosaic Technologies. If I do not recertify annually, I understand that I will be removed from the Mosaic Community Assist program and my benefit will stop.

Applicant's Signature

Today's Date