

Attachment 6
Missouri Universal Service Fund
Application for Support Eligibility

Company Information

Legal Name of Applicant	
Address	
Company Contact	
Telephone Number	

Monthly Support Information

Reporting Month	
Number of Missouri Lifeline subscribers receiving Federal support	
Number of low-income customers receiving Missouri Lifeline support	
Number of disabled customers receiving Missouri Lifeline Support	
Total customers receiving Missouri Lifeline Support	
Eligible support per customer	x \$ 3.50
Total Missouri support	

Date Signature Title

Select Payment Method

ACH _____

Check _____