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January 14, 2014

Luly E. Massaro
Commission Clerk
Rhode Island Public Utilities Commission
89 Jefferson Blvd,
Warwick, RI 02888

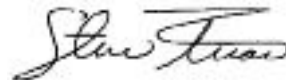
Re: Tempo Telecom, LLC, Docket No. 4475

Dear Secretary Marini:

On behalf of Tempo Telecom, LLC, please find an original and seven copies of my entry of appearance in this docket as well as my affidavit for the Application for Eligible Telecommunications Carrier filed with the Commission on December 23, 2013. In addition, please find an original and seven copies of a revised Exhibit 8 to the Company's application, which includes a revised Rhode Island Lifeline Enrollment form.

Please contact me if you have any questions regarding this filing.

Sincerely,



Steven Frias, Esq.

Enclosures

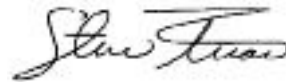
cc: service list

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
PUBLIC UTILITIES COMMISSION**

_____)
Tempo Telecom, LLC- ETC Application)
_____) Docket No.: 4475
_____)
_____)

APPEARANCE OF COUNSEL

In the above-referenced proceeding, I hereby appear for and on behalf of Tempo Telecom, LLC.



Steven Frias, Esq.
Keegan Werlin LLP
265 Franklin Street
Boston, Massachusetts 02110
(617) 951-1400

Dated: January 14, 2014

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
PUBLIC UTILITIES COMMISSION

IN RE: Tempo Telecom, LLC- ETC Application

Docket No.: 4475

AFFIDAVIT

I, Steven Frias, duly sworn, depose and state as follows:

1. I am an active member of the Rhode Island Bar, in good standing, Rhode Island Bar Number 5789.
2. I have reviewed the following documents in the above referenced matter:


Application for Eligible Telecommunications Carrier filed on December 23, 2013

3. I hereby certify that I have read each document listed above, I know the contents thereof and that to the best of my knowledge, information, and belief formed after a reasonable inquiry, each of the above documents is well grounded in fact and is warranted by existing law or has a good faith argument for the extension, modification or reversal of existing law, and that none of the above documents is interposed for any improper purpose.

4. I hereby certify that each document signed by Angela F. Collins in her representative capacity, is true as stated, except as to matters and things, if any stated on information and belief, and that those matters and things are believed to be true.

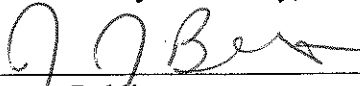
5. This Affidavit serves as my adoption of the filings, to date and my entry of appearance in the above referenced matter.

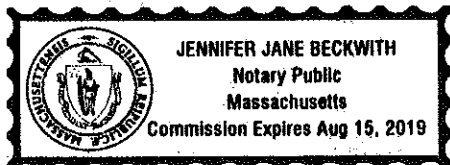
Further, affiant says not.

 # 5789
Signature of Affiant with bar number

COMMONWEALTH OF MASSCHUSEETS
COUNTY OF SUFFOLK

Subscribed and sworn to before me on this 14th day of January, 2014.


Notary Public
Jennifer J. Beckwith
Printed Name



My Commission Expires 8/15/2019



Lifeline Enrollment And Recertification Form

Three Easy Steps to Complete:

Step #1 – Complete Lifeline Enrollment Form on page 2

Step #2 – Locate your Lifeline Benefit Documentation

(More info on your required documentation on pages 3, 4 and 5)

Step #3 – Send completed Lifeline Enrollment Form and Lifeline Benefit Documentation to Tempo

(There are many convenient ways to send them, check Page 3)



Lifeline Enrollment/Recertification Form

Account #: _____

This signed application is required to enroll you in the Lifeline program in your state. This application is only for the purpose of verifying your participation in these programs and will not be used for any other purpose.

Things to know about the Lifeline Program:
- Lifeline is a Federal benefit that is not transferrable to any other person;
- Lifeline service is available for only one line per household. A household cannot receive benefits from multiple providers. Not all Lifeline services are marketed under the name Lifeline, and may be offered under other names;
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals living at the same address that share income and expenses; and,
- Violation of the one-per household rule is not permitted under federal rules and will result in the subscriber's de-enrollment from the program and possible criminal prosecution by the U.S. Government.

First Name: _____ MI: _____ Last Name: _____ Date of Birth: _____

Last Four Digits of Social Security Number: _____ Contact Telephone Number: _____

Residential Address: _____ *Must be a street address (not a P.O. Box) and your principal residence.* Billing Address: _____ *May contain a P.O. Box.* Check here if the billing address is the same as the residential address.

Address Line 1: _____ Address Line 1: _____
Address Line 2: _____ Address Line 2: _____
City, State and Zip: _____ City, State and Zip: _____

This Address Is: Permanent Temporary *(If temporary, your address must be certified or updated every 90 days.)*
 A shared, multi-household residence *(Complete Household Worksheet)* If shared, multi-household residence, I hereby certify that other household adults do not contribute income and/or share expenses in my household. *Complete Household Worksheet.*
(Initial) _____

_____ I hereby certify that I qualify to participate in at least one of the following programs: (check all that apply)
(Initial) *Please see the related documentation requirements on pages 3 & 4.*

- | | | |
|--|--|--|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Rhode Island Pharmaceutical Assistance to Elderly (RIPAE) | <input type="checkbox"/> General Public Assistance (GPA) |
| <input type="checkbox"/> Federal Public Housing Assistance (FPHA) or Section 8 | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Rhode Island Works |
| <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Rhode Island Medical Assistance Program | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> National School Lunch Program's free lunch program | <input type="checkbox"/> Supplemental Security Income (SSI) | |

_____ I hereby certify that my household income is at or below 135% of the Federal Poverty Guidelines; there are _____ members in my household.
(initial) *Please see the Federal Poverty Guidelines and the related documentation requirements on page 4.*

I certify, under penalty of perjury: (Initial by Each Certification)

_____ The information provided in this application is true and correct to the best of my knowledge; I acknowledge that willfully providing false or fraudulent information in order to receive Lifeline service is punishable by fine or imprisonment, termination of all Lifeline benefits, and being barred from participating in the Lifeline program.

_____ I acknowledge that non-usage over a consecutive 60-day period will result in my de-enrollment from this Lifeline service.

_____ I am eligible for Lifeline service through participation in the qualifying program(s) or meeting the income requirements as identified above.

_____ I have provided documentation of eligibility for Lifeline service, unless otherwise specifically exempted from providing such documentation.

_____ I will inform Tempo within 30 days of any potential change in eligibility, including, but not limited to: (i) a move or change of address; (ii) any change in participation in the programs identified above or change in income or household members; (iii) receiving Lifeline service from another provider; or (iv) any other change that would affect my eligibility for Lifeline service. If I fail to inform Tempo of any of these changes, I understand under penalty of perjury, I may be subject to penalties.

_____ I have provided the address where I currently reside and, if a temporary address has been provided, then I acknowledge that Tempo will attempt to verify my address every 90 days, and, if I do not respond to verification attempts within 30 days, then I may be de-enrolled from my Lifeline benefits.

_____ My household will receive only one Lifeline benefit and, to the best of my knowledge, no one in my household is currently receiving Lifeline service from any other provider.

_____ I acknowledge that I will be required to annually re-certify eligibility and may be required to re-certify continued eligibility for Lifeline at any time and failure to re-certify will result in the termination of Lifeline benefits or other penalties.

_____ I authorize Tempo and its agents to access any records (including financial records) required to verify my statements herein and to confirm my eligibility for Lifeline service. I authorize government agencies and their authorized representatives to discuss with and/or provide information to Tempo and its agents verifying my participation in public assistance programs that qualify me for Lifeline service.

_____ I acknowledge and consent to my name, telephone number, and address being divulged to the Universal Service Administrative Company (USAC) (the administrator of the program) and/or its agents for the purpose of maintaining the information in a database and verifying that I, as a subscriber, do not receive more than one Lifeline benefit. In the event that USAC identifies that I am receiving more than one Lifeline subsidy for my household, all carriers involved may be notified so that I may select one service and be de-enrolled from the other.

APPLICANT SIGNATURE/TPV ID: _____ DATE: _____

FOR TEMPO OFFICE USE ONLY
Account #: _____ **TPV ID:** _____

Company Representative Name: _____ • Database Queried? Date: ___/___/___ Database Name: _____

• ETC Eligibility Review Confirmation Type: Written, attached • Screenshot, attached • ETC employee

Type of Documentation: • Benefits Card • Award Letter • Voucher • State Agency Queried? Date: ___/___/___ Agency Name: _____

• Income Statement • Other _____ Agency contact: _____ Confirmation Type: • Notice, attached

How received: • In person • Fax • Email • Text Photo • Mail

Date/Expiration Date of Documentation: ___/___/___

Describe Documentation: _____ Name on Documentation: _____

Date reviewed: ___/___/___

• Applicant name different than name on documentation (Note relationship to applicant: _____)

Applicant Name: _____

_____ Certification that individual is part of applicant's household (**MUST certify with applicant in-person or verbally**)

_____ Certification that individual is does not already receive Lifeline (**MUST certify with applicant in-person or verbally**)

Representative Signature: _____ Date: _____

NOTES : _____

HOW TO SUBMIT YOUR ENROLLMENT APPLICATION:

FAX: (877) 465-0545

EMAIL: lifeline@mytempo.com

POSTAL: Tempo
2323 Grand Blvd, Suite 925
Kansas City, MO 64108.

HOW TO SUBMIT YOUR ELIGIBILITY DOCUMENTATION:

TEXT: (816) 446-3388

FAX: (877) 465-0545

EMAIL: lifeline@mytempo.com

POSTAL: Tempo
2323 Grand Blvd, Suite 925
Kansas City, MO 64108.

DOCUMENTATION REQUIREMENTS

**You are required to provide proof of your participation in the programs you identified
OR proof of your qualifying income.**

PROGRAM ELIGIBILITY

If, on page 2 of this form, you indicated you were in a qualifying program, you must provide documentation to prove receipt of benefits under these programs to Tempo. Upon examination by Tempo, any copies, photos or faxes of your documentation will be destroyed or returned to you at your request. The beneficiary named on the documentation may be a member of the Lifeline applicant's household, rather than the applicant. If the name of the beneficiary on the documentation provided does not match the name of the Lifeline applicant, Tempo must record the name of the beneficiary and confirm by receiving certification from the applicant that the named beneficiary is a member of his or her household, and that this individual does not receive Lifeline. Acceptable forms of documentation are described below:

Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP) was previously known as Food Stamps. Beneficiary cards and award letters may vary because SNAP is administered on a state level. All beneficiary cards or award letters presented should contain the name of program, name of beneficiary, address of beneficiary and date of award.

Federal Public Housing Assistance (FPHA) or Section 8

There are two types of documentation that can prove receipt of benefits under the Federal Public Housing Assistance (FPHA), or Section 8, program. An applicant can provide an award letter. The award letter should include the following information: name of program, date of award, name of beneficiary and award amount. If there is no award letter, an applicant can provide either a [Public Housing Assistance Lease Agreement](#) or a Section 8 Voucher. These items should clearly reflect the type of Public Housing Assistance credit issued. If the beneficiary does not have an award letter, lease agreement, or voucher, the applicant can contact the agency that approved the application and request formal documentation of his or her award.

Low Income Home Energy Assistance Program (LIHEAP)

There are two types of documentation applicants can provide to demonstrate receipt of LIHEAP benefits. A LIHEAP participant can provide an award letter from a state agency. The award letter will include the following: name of program, date of award, name of beneficiary and award amount. If there is no award letter, a LIHEAP participant can provide a utility bill that reflects the Housing Assistance credit. The utility bill should clearly reflect inclusion of an Energy Assistance credit.

National School Lunch Program's Free Lunch Program (NSLP)

Although the National School Lunch Program's Free Lunch Program (NSLFP) is a federally assisted program, award letters are provided by state agencies and, thus, will vary by locality. All award letters should contain the following basic information: name of program, name of beneficiary, address of beneficiary and date of award.

Rhode Island Pharmaceutical Assistance to Elderly (RIPAE)

The RIPAE card should clearly state the following: name of program, name of beneficiary and issued or effective date of the card.

Temporary Assistance for Needy Families (TANF)

All award letters should contain the following basic information: name of program, name of beneficiary, address of beneficiary and date of award.

Rhode Island Medical Assistance

The Rhode Island Medical Assistance card should clearly state the following: name of program, name of beneficiary and issued or effective date of the card.

Supplemental Security Income (SSI)

Participation in the federal portion of SSI is an eligibility criterion for Lifeline. Some states offer state supplements to the federal SSI program, but receipt of benefits from the state supplement, but not federal SSI, does not qualify an individual for Lifeline. All award letters should contain the following basic information: name of program, name of beneficiary, address of beneficiary, date of award and award amount. A benefit check stub from the Social Security Administration may also be submitted as proof of participation, if the check stub clearly states the date and name of the beneficiary.

General Public Assistance (GPA)

A letter of participation in the General Public Assistance program will serve as proof with the following basic information: name of program, name of beneficiary, address of beneficiary and date of award.

Rhode Island Works

A letter of participation in the Rhode Island Works program will serve as proof with the following basic information: name of program, name of beneficiary, address of beneficiary and date of award.

Medicaid

The Medicaid card should clearly state the following: name of program, name of beneficiary, state of residence, issued or effective date and the name of the state agency that provided the card.

PROGRAM ELIGIBILITY

An applicant may be eligible for Lifeline if he or she has a household income at or below 135% of the Federal Poverty Guidelines. Below are the acceptable types of documentation:

- The prior year's state, federal, or Tribal tax return
- A current income statement from an employer or paycheck stub
- A Social Security statement of benefits
- A Veterans Administration statement of benefits
- A retirement or pension statement of benefits
- An Unemployment or Workers' Compensation statement of benefits
- A federal or Tribal notice letter of participation in General Assistance
- A divorce decree, child support award, or other official document containing income information
- If the documentation relied on does not cover a full year, such as a current pay stub, the subscriber must present the same type of documentation covering three consecutive months within the previous twelve months.

Upon examination by Tempo, any copies, photos or faxes of your documentation will be destroyed or returned to you at your request.

135% FEDERAL POVERTY GUIDELINES - 2013	
Members of Household	Household Income must be at or below
1	\$ 15,512
2	\$ 20,939
3	\$ 26,366
4	\$ 31,793
5	\$ 37,220
6	\$ 42,647
7	\$ 48,074
8	\$ 53,501
For every additional member of your household, add \$5,427.	



Optional Lifeline Household Worksheet

Complete only if you checked "A shared, multi-household residence" on your enrollment form

Name	
Address	
Telephone Number	

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An **adult** is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household **expenses** include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). **Income** includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

- Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check no if you do not have a spouse or partner) **YES** **NO**
 - If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
 - If you checked **NO**, please answer question #2.
- Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?

A. A parent <input type="checkbox"/> YES <input type="checkbox"/> NO	D. An adult roommate <input type="checkbox"/> YES <input type="checkbox"/> NO
B. An adult son or daughter <input type="checkbox"/> YES <input type="checkbox"/> NO	E. Other _____ <input type="checkbox"/> YES <input type="checkbox"/> NO
C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO	

 - If you checked **NO** for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
 - If you checked **YES**, please answer question #3.
- Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? **YES** **NO**
 - If you checked **NO**, then your address includes **more than one household**. Please initial lines A and B below, and sign and date the worksheet.
 - If you checked **YES**, then your address includes only **one household**. You may not sign up for Lifeline because someone in your household already receives Lifeline.

CERTIFICATION

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to Tempo along with your Lifeline application.

- _____ I certify that I live at an address occupied by multiple households.
- _____ I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature _____ Date _____