



## **COVID-19 Missouri Response: Emergency Broadband Investment Program Individual Household Attestation Form**

The Emergency Broadband Investment Program is designed to address broadband access needs as part of the State of Missouri's response to the COVID-19 pandemic. This program supports the construction and installation of new connections to assist qualifying Missouri households in acquiring broadband service to preserve health and safety while accommodating continued work and education. Households will be provided connections at broadband speeds no less than 25 Mbps download / 3 Mbps upload. Qualifying households must be located in unserved or underserved areas as established by FCC Form 477 (June 2019).

Broadband providers requesting reimbursement under this program for new connections and subscriptions made between 3/1/2020 and 11/30/2020 are required to collect and retain information from each qualifying household certifying the household includes at least one resident who is: 1) a member of a vulnerable population, 2) on telework status, or 3) a student (pre-kindergarten through higher education).

**I hereby certify under penalty of perjury that my household is newly connected to high-speed internet and is a new subscriber to that broadband, and includes at least one member who is:**

- A member of a vulnerable population consisting of persons susceptible to COVID-19 due to one of the following:
  - Is 65 years of age or older; OR
  - Has at least one of the following conditions:
    - Chronic lung disease;
    - Moderate to severe asthma;
    - Serious heart conditions;
    - Immunocompromised;
    - Diabetes;
    - Chronic kidney disease and undergoing dialysis; or
    - Liver disease.
  
- A person who is in telework status because of COVID-19 at the direction of their place of employment to complete job-related functions.

- A student including those in pre-kindergarten through grade 12, as well as those enrolled at a higher education institution or post-secondary training program, and who are unable to attend in-person learning or training due to COVID-19.

Household Location:

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Subscriber Signature** \_\_\_\_\_

**Print Name Legibly** \_\_\_\_\_

**Date** \_\_\_\_\_

**I hereby certify under penalty of perjury that I witnessed the Subscriber Signature on this attestation form and verified the signer's identification at the time of signature:**

**Company Name** \_\_\_\_\_

**Company Witness Signature** \_\_\_\_\_

**Print Name Legibly** \_\_\_\_\_

**Print Title of Company Witness Legibly:** \_\_\_\_\_

**Date** \_\_\_\_\_

Residents, companies, or other individuals who commit fraud or misrepresentation relating to this grant program, including the completion and execution of this attestation form, shall be subject to state and federal civil and criminal recourse to the extent permitted by law.

This attestation form must be fully completed to be considered as evidence supporting reimbursement under the program.