

Electronic Signature

I have agreed to submit this Application electronically. By signing this application electronically, I certify and attest under penalty of perjury that my answers are correct, including information about citizenship and alien status, and complete to the best of my knowledge.

- I understand the questions and statements on this application.
- I understand the penalties for providing false information, including penalties for violation of the Rhode Island False Claims Act, RIGL 9-1-1 et. al.
- I understand that the agency may contact other persons or organizations for a variety of reasons concerning my application, including but not limited to verification of Medicaid Affordable Care Coverage Group Eligibility Factors, EOHHS Rules and Regulations, Section 1308.
- I know that under the state of Rhode Island General Laws, Section 40-6-15, a maximum fine of \$1,000, or imprisonment of up to five (5) years, or both, may be imposed for a person who obtains or attempts to obtain, or aids or abets any person to obtain, public assistance to which he or she is not entitled or who willfully fails to report income, resources, or personal circumstances or increases therein which exceed the amount previously reported.
- I understand that an electronic signature has the same legal effect as a written signature and can be enforced in the same way and that my Electronic Signature and this Electronic Signature Agreement are pursuant to RIGL 42-127.1, Uniform Electronic Transactions Act, and in accordance with RIGL 2-35, Administrative Procedures Act.
- Under penalty of perjury, I attest to the identity of the minor children identified herein and that all of the information contained in this application is true. I understand that I am breaking the law if I give wrong information and can be punished under federal law, state law or both.

☒ By checking this box and typing my name below, I am electronically signing my application. *

First Name *

Middle Name

Last Name *

Suffix

-Select C ▼

Date *

06/14/2016

If you are not registered to vote or not registered to vote where you currently live, we can help you. The decision to register to vote is up to you. It will not have an impact on your tax credit. If you would like help in filling out the voter registration application form, we will help you at 1-855-574-2846.

The decision to seek or accept help is yours. You may fill out this form by yourself.

To download a registration form click [here](#). If you would like to have a registration packet sent to you, please call (401) 222-2345 or email elections@elections.ri.gov.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the State Board of Elections at (401) 222-2345 or 50 Branch Avenue, Providence, Rhode Island 02904.

Authorization for HSRI to Request Income Data

Before you continue, we require you to acknowledge the following.

- ☒ I have read and agree to the [Consent to Share Data for Eligibility Decisions](#).
- ☒ I have read and agree to my [Consent for Use of Income Data](#).

Years

Expiration Date

5 ▼

06/14/2021

Check the box below only if all of these apply to you:

- You used advance payments of premium tax credits (APTC) in 2014 to help lower your costs for Marketplace coverage.
- The tax filer(s) for your household filed a federal income tax return for 2014.
- The tax return compared the amount of APTC used in 2014 to the rest of the tax return information.

If any of these dont apply to you, select "NEXT" without checking the box below.

Did your household file a 2014 tax return and if applicable reconciled any premium tax credit you used?

- ☒ Yes, filed 2014 taxes with form 8962 for any tax credits they may have received.