



LIFELINE & LINKUP ELIGIBILITY APPLICATION

Lifeline service is a federal program which allows eligible low-income residential customers a reduction in their monthly telephone line charges. **Linkup** assistance for new service non-recurring connection fees is available only once at the same residence. This assistance is available for *either* one landline *or* one wireless phone. To qualify for the Lifeline/Linkup program, the customer, one or more of the customer's dependents, or the customer's household must receive benefits from one or more of the following public assistance programs listed on this form or provide documentation that their household income is at or below 135% of the Federal Poverty Income Guidelines for the State of Alaska. For Lifeline purposes, "household" is defined as any individual or group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from more than one provider. Lifeline is a non-transferrable benefit and the subscriber may not transfer his or her benefit to any other person.

Billing Telephone Number: _____

Subscriber Name: _____

Physical Address: _____ Permanent Temporary

Mailing Address: _____

Date of Birth: _____

Last 4 digits Social Security # _____

(If applicant is a member of a Tribal nation and does not have a social security number, the applicant's Tribal identification number may be used in this section)

Qualifying Public Assistance Programs (Please Check Box)

E-Code Program

- | | | |
|-----|--|--------------------------|
| E1 | Medicaid | <input type="checkbox"/> |
| E2 | Supplemental Nutrition Assistance Program (Food Stamps) | <input type="checkbox"/> |
| E3 | Supplemental Security Income (SSI) | <input type="checkbox"/> |
| E4 | Federal Public Housing Assistance (Section 8) | <input type="checkbox"/> |
| E8 | Bureau of Indian Affairs General Assistance | <input type="checkbox"/> |
| E9 | Tribally-Administered Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> |
| E10 | Food Distribution Program on Indian Reservations (FDPIR) | <input type="checkbox"/> |
| E11 | Head Start Programs (Only those meeting Income qualifying standard) | <input type="checkbox"/> |
| E15 | Veterans Pension and Survivors Benefit Program | <input type="checkbox"/> |

Telephone Number:

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Alternate Lifeline Qualification

E-Code

E13 Household Income is at or below 135% of the Federal Poverty Income Guidelines
for the State of Alaska.

Number of Household Members _____
(Income documentation must be provided.)

Acceptable Income Level Documentation

1. The previous year's state, federal or Tribal tax return.
2. A current income statement from an employer or paycheck stub.
3. A statement of benefits from the United States Social Security Administration.
4. A statement of benefits from the United States Department of Veterans Affairs.
5. A retirement or pension statement of benefits.
6. An unemployment or workers' compensation statement of benefits.
7. A federal or tribal notice letter of participation in general assistance.
8. A divorce decree or child support document.
9. Any other official document issued by a provider of income to document that income.

If the documentation provided doesn't cover a full year, such as current pay stubs, the prospective subscriber must present the same type of documentation covering three consecutive months within the previous 12 months.

Under penalty of perjury, I certify the following information:

(Customer must initial each numbered line below)

1. I receive benefits from one of the programs listed on this form or my household income is at or below 135% of the Federal Poverty Income Guidelines for the State of Alaska.
2. I understand that my household may receive only one Lifeline service (one wire line *or* one wireless phone per household) and that violation of this rule will result in being taken off the program. To the best of my knowledge no one in my household is receiving a Lifeline service from a provider other than Alaska Power & Telephone.
3. I will notify Alaska Power & Telephone within 30 days if the following occurs:
- a. I move from the address listed on this form.
 - b. I no longer participate in the program which qualified me for Lifeline service.
 - c. If qualified for Lifeline assistance by income level and my household income rises above the accepted level for income based participation in the lifeline program.
 - d. I or a member of my household begins receiving Lifeline benefits from another provider.
4. I may be required to re-certify my eligibility for the Lifeline program at any time and no less than annually. Failure to re-certify will result in removal from the Lifeline program.
5. If the address provided on this form is a temporary residential address, I will be required to verify this address every 90 days.
6. I give consent for the information provided by me on this form to be submitted to USAC (administrator of the lifeline program) and/or its agents to verify I do not have more than one lifeline service per household.
7. I understand that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and that the information provided in this form is true and correct to the best of my knowledge.

Signature of Applicant

Date

Printed Name of Applicant