



[Empty box for Lifeline Phone/Broadband Account Number]

Application for Lifeline Benefits

---Lifeline is a government assistance program; service is non-transferable; only eligible consumers may enroll in the program; limited to one discount per household---

Application for: [ ] NEW Lifeline- Proof Required [ ] Lifeline Eligibility Recertification [ ] No longer eligible (complete name & service type; sign & return)

Complete Household Worksheet & submit with Application. Photo ID is required. Proof of Eligibility is required for new applicants only.

Name, Identifying and Contact Information:

First Name (must be same name as subscriber) Middle Initial Last Name Birth Date (Month/Day/Year)
Social Security Number (last 4 digits only) Contact Phone Number/Cell Email Address
Photo ID Type Photo ID Number Photo ID Expiration (if applicable)

ID must be current (not expired), government issued (state, tribal or federal), and include a photo

Lifeline Service Type: [ ] Lifeline on Phone Number: (907) Have you received Lifeline Voice support from another company in the last 60 days? [ ] Yes [ ] No

[ ] Lifeline on Broadband Internet Service (not available in all location)
\$34.25 BB Lifeline monthly discount applies to 6M/2M w/100,000MB, or 15M/2M w/325GB in Whittier
after discount, 6M is \$265.74 w/phone, \$280.74 w/o phone-wifi; 15M in Whittier is \$165.74
Have you received Lifeline Broadband support from another company in the last 12 months? [ ] Yes [ ] No
Wifi Enabled Device Requested [ ] Yes [ ] Opt Out- I have my own router

Home Address: Street Address- physical location/description/apt/unit/demark# (No PO Boxes) City or Town Zip Code

Is this a temporary home address? [ ] Yes [ ] No, I expect to be at this address for more than 3 months

Is this address a group living facility? [ ] Yes [ ] No
If yes, please describe facility (shelter, motel, group home, nursing home etc.)

Mailing Address: PO Box is OK (required if different from your home/street address) City or Town Zip Code

Lifeline Eligibility: Complete (A) or (B) PROOF OF ELIGIBILITY IS REQUIRED FOR NEW LIFELINE APPLICANTS

(A) Eligibility Based on Program:

I am eligible for Lifeline service because I currently participate in one of the following qualifying programs (check one program).
If you don't participate in a program, you may still qualify, see section B

If the program documentation is in another person's name, please complete fields 1-4 below, otherwise, leave blank

- 1. Name on Program Documentation- Benefit Qualifying Person:
2. Benefit Qualifying Person- Social Security Number (last 4 digits only) Benefit Qualifying Person-Birth Date
3. Do you certify that the individual named on the documentation is a member of your household?
4. Do you certify that the individual named on the documentation does not already receive Lifeline benefits?

Table with 2 columns and 5 rows listing eligibility options: E1 Medicaid, E2 Supplemental Nutrition Assistance Program (SNAP/Food Stamps), E3 Supplemental Security Income (SSI), E4 Federal Public Housing Assistance (FPHA Section 8), E8 Bureau of Indian Affairs General Assistance, E9 Tribally Administered Temporary Assistance for Needy Families (TTANF), E10 Food Distribution Program on Indian Reservations (FDPIR), E11 Head Start, E15 Veterans and Survivors Pension Benefit

New Applicant- Proof of program participation MUST be attached. Acceptable documentation includes: current statement of benefit for a qualifying program; a notice or letter of participation in a qualifying program; program participation document; official document demonstrating that you or someone else in your household receives benefits from a qualifying assistance program.

(B) Eligibility Based on Income (E13):

I am eligible for Lifeline service because my household's income\* is less than or equal to the eligibility limit for my household size (see chart on next page).

For purposes of the Lifeline Program, "household" is everyone who lives together at your address and shares income and expenses as one economic unit (including children and people not related to you).
\*Income means gross income as defined under section 61 of the Internal Revenue Code, 26 U.S.C. 61, for all members of the household. This means all income actually received by all members of the household from whatever source derived, unless specifically excluded by the Internal Revenue Code, Part III of Title 26, 26 U.S.C. 101 et seq.

Household Size: How many people are living in your household?
Annual Household Income (including Alaska PFD):

If your annual household income exceeds eligibility limits you do not qualify for Lifeline benefits

continued on next page

Number of People in your Household (check one)	Lifeline Eligibility Limit (135% of Federal Poverty Guidelines)
<input type="checkbox"/> 1	\$20,331
<input type="checkbox"/> 2	\$27,392
<input type="checkbox"/> 3	\$34,452
<input type="checkbox"/> 4	\$41,513
<input type="checkbox"/> 5	\$48,573
<input type="checkbox"/> 6	\$55,634
<input type="checkbox"/> 7	\$62,694
<input type="checkbox"/> 8	\$69,755
<input type="checkbox"/> More-For each additional person, add:	\$7,061

**NEW LIFELINE APPLICANTS: Please check one and ATTACH PROOF OF INCOME**

Last year's federal, state or tribal tax return for all individuals in household

If the documentation below does not cover a full year, the documentation must cover at least 3 consecutive months within the previous 12 months for each individual in household:

- A current income statement from an employer or paycheck stub
- A statement of benefits from the U.S. Social Security Administration.
- A statement of benefits from the U.S. Department of Veterans Affairs
- A retirement or pension statement of benefits.
- An unemployment or worker's compensation statement of benefits
- A federal or tribal notice letter of participation in General Assistance
- A divorce decree or child support award
- Other official document containing income information

**Do not mail in original documentation. Documentation will not be returned.**

**Customer Certification:** To finalize your application for Lifeline benefits, you must agree to each item below and initial; then sign to certify your answers.

1. Do you agree that you will notify us (UUI/UKUC/YukonTel) within 30 days if you have a change of address or if you are no longer eligible for Lifeline service for any reason?

Yes  No \_\_\_\_\_ (initial)

Reasons for notifying us would include:

- You no longer receive benefits from one or more of the qualifying programs
- Your household income no longer meets the income criteria specified above
- You receive more than one Lifeline benefit
- A member of your household also receives a Lifeline benefit

2. Do you understand that you will be required to recertify your eligibility on an annual basis; that you may also be required to recertify our eligibility at any time; and that failure to do so in the time period requested (recertifications-60 days; other-30 days) will result in de-enrollment and termination of your Lifeline service?

Yes  No \_\_\_\_\_ (initial)

3. Do you acknowledge and consent that your identifying and Lifeline benefit information, including name, residential address, telephone number, date of birth, and last four digits of your social security number, will be provided to the USAC/National Lifeline Accountability Database (NLAD) to ensure proper administration of the Lifeline program; and may also be provided to any other State or Federal agency that could provide verification of your eligibility for Lifeline Service; and that failure to consent will result in the denial of Lifeline service?

Yes  No \_\_\_\_\_ (initial)

4. Do you understand that providing false or fraudulent information to receive Lifeline benefits is punishable by law, including fine or imprisonment, and that you could be barred from the program?

Yes  No \_\_\_\_\_ (initial)

5. Do you live in Alaska at the residential address stated above?

For definitional purposes, the Federal Communications Commission (FCC) includes all of Alaska under the category of "Tribal Lands".

Yes  No \_\_\_\_\_ (initial)

6. Do you understand that Lifeline is non-transferable and that you cannot convey or give your Lifeline phone service to anyone?

Yes  No \_\_\_\_\_ (initial)

7. Do you certify that your household will receive only one Lifeline service and no one else in your household is already receiving Lifeline service? (i.e., only receive a benefit for 1 home phone, 1 mobile phone or 1 broadband service per household). For purposes of the Lifeline Program, "household" is everyone who lives together at your address and shares income and expenses as one economic unit (including children and people not related to you).

Yes  No \_\_\_\_\_ (initial)

8. By signing your name below, you certify that all the information you provided is true and correct to the best of your knowledge and that you have read and understand the information subject to the penalty of perjury.

**CUSTOMER SIGNATURE** **DATE**

Office Use Only- to be completed by UUI Employee (eff 10/1/2017)

Date LL Application Received:

[Empty box for Date LL Application Received]

- New:  Order Processed- Qualified (Notification Sent)  No Order Processed- Not Qualified or Incomplete Information (Notification Sent)
- Recertification:  Order Processed- Qualified (Notification Sent)  Order Processed to De-Enroll from LL- Not Qualified or Incomplete Information (Notification Sent)

1. I have checked the customer's name, address, and other pertinent information available in the billing system to verify whether he/she has duplicate or unpaid Lifeline service with UUI/KUC/YT.
2. I have reviewed UUI's billing system to determine whether there are other individuals at the applicant's residential address who currently are receiving Lifeline service with UUI/KUC/YT. The applicant has completed the Lifeline Household Worksheet to certify their household eligibility.
3. I have reviewed the proof of eligibility required for new applicants and included a copy of this documentation with the application.

Type of documentation (ex: tax return, paycheck stubs, statement of benefits, Quest card, Medicaid sticker, approval letter, Veteran Pension letter or COLA Adjustment letter or Survivor Pension letter)

[Empty box for Type of documentation]

Documentation description (ex: tax form type, paycheck dates, case number)

Document Expiration Date (if available)

[Empty box for Documentation description]

[Empty box for Document Expiration Date]

UUI CSR Signature: \_\_\_\_\_ Date: \_\_\_\_\_ LL Quality Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NLAD updated by: \_\_\_\_\_ Date: \_\_\_\_\_  Enrolled  Updated  DeEnrolled  Deceased  Leaving Program  Failed to Recertify

Secondary audit of Application, HH Worksheet, Documentation, Eligibility, Billing-Telesphere, NLAD done by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: