



Lifeline and Link-Up Assistance Program

SUBSCRIBER APPLICATION FORM – Must be completed by person seeking Lifeline service

First Name	Last	M.I.	Date
Physical Residential Address		Is this a Temporary Address?	
Mailing/Billing Address	State	ZIP Code	Birth Date
Last 4 Digits of Social Security #	E-mail Address	Driver's License # and State	
Last 4 Digits of Tribal Identification Number if no SSN#	I reside on Tribal lands?		

Current Telephone Service

- I do not currently have telephone service.
- I currently have telephone service at the above address: Phone # 907-_____
- I previously received Link Up assistance at the above address.
(Note: You may not receive Linkup Assistance more than once at the same residence)

ELIGIBILITY REQUIREMENTS – Program-Based Eligibility (A) or Income-Based Eligibility (B)

- A.** I a dependent, or a household member, currently participate and receive benefits from at least one qualifying federal Program.
(For each program checked, provide proof of participation before the application will be accepted)

Federal Assistance Programs:

- Medicaid (not Medicare)
- Supplemental Nutrition Assistance Program
- Supplemental Security Income
- Federal Public Housing Assistance
- Veterans and Survivors Pension Benefit

Tribal-Specific Federal Assistance Programs:

- Bureau of Indian Affairs general assistance
- Tribally administered Temporary Assistance For Needy Families
- Head Start
- Food Distribution Program on Indian Reservations

B. There are _____ members of my household and my household income is at or below 135% of the Federal Income Eligibility Thresholds. (**Please Note:** If you, the prospective subscriber present documentation of income that does not 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 twelve months.)

Income Eligibility Thresholds

Size of Household	Lifeline eligibility Level for 2017 for Alaska	Documentation of "household" income must be provided in one of the following form:
1	\$20,331	<ul style="list-style-type: none"> • A prior year's state, federal or Tribal tax return • A current income statement from an employer or paycheck stub's covering three consecutive months • A Social Security statement of benefits • A Veterans Administration statement of benefits • A retirement / 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 • Child Support Award • Or other official documentation containing income information
2	\$27,392	
3	\$34,452	
4	\$41,513	
5	\$48,573	
6	\$55,634	
7	\$62,694	
8	\$69,755	
For each additional person, add	\$7,061	

Lifeline Information

- Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline service is available per household.
- A household is defined, for purposes of the Lifeline program, 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 multiple providers.
- Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

Subscriber Responsibilities

- Subscriber meets the income-based or program-based eligibility criteria for receiving Lifeline.
- Subscriber's household will receive only one Lifeline service and, to the best of his or her knowledge, the subscriber's household is not already receiving a Lifeline service.
- Subscriber will notify their carrier within 30 days if, for any reason, he or she no longer meets the eligibility requirements listed above.
- If the subscriber moves to a new address, he or she will provide that new address to their carrier within 30 days.
- Subscriber acknowledges may be required to re-certify his or her continued eligibility for Lifeline at any time and failure to re-certify will result in de-enrollment and termination of the Lifeline benefits.

Toll Limitation

I elect to **not** allow the completion of outgoing toll (long distance) calls from my telephone. (Note: You will not be charged a deposit to initiate service if you elect toll limitation.)

Subscriber Acknowledgements – Initial and Sign at Bottom

- 1) I acknowledge and certify under penalty of perjury (1) I have read the information in this application; (2) the information contained in this certification is true and correct to the best of my knowledge; and (3) I meet the program-based or income-based eligibility criteria for receiving Lifeline.
- 2) I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
- 3) I understand my household will receive only one Lifeline service and to the best of your knowledge, the subscriber’s household is not already receiving a Life line service.
- 4) I understand I may not receive Link-Up assistance more than once at the same principle residence.
- 5) I understand completion of this application does not constitute immediate enrollment in this program.
- 6) I understand service will be provided subject to the terms and conditions of service explained by the customer service agent, rate plan brochure and Lifeline and Link-Up application.
- 7) I agree to notify ATU/WCC within thirty (30) calendar days if for any reason I no longer satisfy the criteria for receiving Lifeline including, (A) I, the subscriber, no longer meet the income-based or program-based criteria for receiving Lifeline support (B) I, the subscriber, is receiving more than one Lifeline benefit or (C) another member of my household is receiving a Lifeline benefit.
- 8) I agree to notify ATU/WCC within (30) calendar days if moving to a new address.
- 9) If I provided a temporary residential address to the carrier, I will be required to verify my temporary residential address every 90 days.
- 10) I consent to the transmit of my subscriber information, my full name, my full residential address, my date of birth, the last four digits of my Social Security number, Tribal identification number, telephone number, and the means through which I qualify for the Lifeline program benefit. The information being transmitted is to ensure the proper administration of the Lifeline program, and that failure to provide consent will result in my being denied the Lifeline service.
- 11) I understand Lifeline is a benefit and acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
- 12) I understand I may be required to re-certify my continued eligibility for Lifeline at any time and failure to re-certify my continued eligibility will result in my de-enrollment and the termination of my Lifeline benefits.
- 13) I give consent for my information to be shared with the Universal Service Administration Company (USAC) and/or its agents for the purpose of verifying I do not receive more than one Lifeline benefit.
- 14) If the subscriber is seeking to qualify for Lifeline as an eligible resident of Tribal lands, he or she lives on Tribal lands.

Printed Name of Applicant

Signature of Applicant

Date

ADAK TELEPHONE UTILITY AND WINDY CITY CELLULAR INTERNAL

- **Application received and processed by:** _____
Print Name

_____ Location
- **Type of Lifeline Service Applied for:** Landline Mobile
- **Link-Up benefit requested:** Yes No
- **Document reviewed for eligibility:** _____
- **Date of expiration on Document:** _____
- **Name on Documentation matches Life line Application** Yes No
- **Address on Documentation matches Lifeline Application** Yes No
- **How was the document received:** _____
(Mail, Fax, Email, In person)
- **Date Documentation reviewed for Certification:** _____
- **Date ATU/WCC service was initiated:** _____
- **ATU/WCC Customer Number Assigned:** _____