



Lifeline Assistance Program 2019 Application

IMPORTANT NOTE TO CUSTOMERS: Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person.

The following section must be filled out completely or your application will be returned and benefits will be delayed

Account Holder Name: _____

Beneficiary Name *(if different from Account Holder)*: _____

Full Residential Address: _____

Is this address temporary? _____

Billing address *(if different from the residential address)*: _____

Date of Birth: _____

Last 4 digits of SSN _____

Telephone Number: _____

Apply Lifeline Benefit to: ___ Voice Service, or ___ Broadband Service *(only available for 10 Mbps or higher tiers)*

① I or a member of my household receives benefits from the following program(s):

Check one and attach proof and, if applicable, Attachment 1 - Certification if beneficiary is different from account holder

- Medicaid
- Section 8 Public Housing Assistance
- Supplemental Nutrition Assistance Program
- Supplemental Security Income (SSI)
- Veterans Pension and Survivors Benefit
- Bureau of Indian Affairs General Assistance
- Head Start (tribal programs for only those meeting its income qualifying standard)
- Food Distribution Program on Tribal Lands
- Tribally Administered Temporary Assistance for Needy Families

② I do not receive benefits from the programs above but my household income is at or below 135% of the Federal for a household size of _____ individuals according the federal Poverty Guideline (Attached).

Attach proof such as:

1. Last year's State, Federal or Tribal Tax Return
2. Current annual income statement from employer
3. 3 consecutive months of most recent paycheck stub
4. Divorce Decree, Child Support Document, or other official document containing income information

③ By initialing below, I certify under penalty of perjury that I understand and agree to all of the following:

_____ I participate in a qualifying federal program or meet the income qualification.

_____ I will inform the company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline support, including, as relevant, no longer meeting the income-based or program based criteria for receiving lifeline support, receiving more than one Lifeline benefit, or another member of the household is receiving a Lifeline benefit.

_____ If I move to a new address, I will provide that new address to the company within 30 days.

_____ I acknowledge that Lifeline is a federal benefit and that it is non-transferable.

_____ I acknowledge that a household is eligible to receive only one Lifeline service and to the best of my knowledge, my household is not already receiving a Lifeline service. A household is defined for Lifeline purposes as any 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 and violation would result in de-enrollment from the program.

_____ The information contained in this certification form is true and correct to the best of my knowledge.

_____ I understand that providing false information can be punished by fine or imprisonment or removal from the program.

_____ I may be required to re-certify continued eligibility at any time and failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of Lifeline benefits.

I consent to have certain information contained within this application, including: name, address, telephone number, date of birth, last 4 digits of SSN provided to the Universal Service Administrative Company (USAC) and/or its agents, and to any state and federal agency, for the purpose of verifying that I qualify for the Lifeline program and that I do not receive more than one Lifeline benefit. I understand that failure to provide consent will result in my being denied Lifeline service.

Applicant Signature (required)

Date

- Complete Application
- Attach Proof of Income or Program Participation
- Mail Application and Income Documents to:

SKT

P.O. Box 800

Clearwater, Kansas 67026

Lifeline Telephone Assistance Program

SKT Application – Attachment 1

The following section must be filled out if the Lifeline Program Eligibility Beneficiary is not the Applicant

I _____ certify that _____, the beneficiary on the
Applicant Beneficiary

documentation of the _____ Program is a member of my household
Name of Program

and the individual does not currently receive Lifeline supported service.

Signature

Date