

TRIBAL Lifeline Assistance Certification Form/Re-Certification Form

The information on this certification form is strictly confidential and will only be used to assess your continued eligibility for Lifeline Assistance.

SECTION I – Eligible Lifeline Subscriber Information

Name:

(Last)

(First)

(Middle)

Residence Address (cannot be a P.O. Box):

(Street)

(City)

(State)

(Zip)

Check One: Permanent Address Temporary Address (must verify address every 90 days)

Billing Address (if different than Residence Address):

(Street)

(City)

(State)

(Zip)

Telephone Number (newly assigned or existing number at this address): _____

Date of Birth (mm/dd/yyyy): _____ Last 4 digits of Social Security #: ____ or, Tribal ID # _____

I Can Be Reached At: _____

Is anyone else in your household currently receiving any low-income assistance from any other wireline or wireless telephone provider? Yes No

SECTION II – Eligibility Qualification

1. Are you currently participating in any of the following programs? (*check all that apply*)

Medicaid Supplemental Nutrition Assistance Program (SNAP) Supplemental Security Income (SSI) Federal Public Housing Assistance (FPHA) Veterans Pension and Survivors Benefit Program

In addition to the programs above, Tribal Members can also qualify under the following programs:

Bureau of Indian Affairs (BIA) General Assistance Program Tribally-administered Temporary Assistance for Needy Families Block Grant Program (Tribal TTANE) Food Distribution program on Indian Reservations (FDPIR) Tribal Head Start Programs (only those meeting its income-qualifying standard)

When applying for Lifeline benefits based on program-eligibility, the certification form must be accompanied by the current or prior year's statement of benefits from a qualifying assistance program, a notice or letter of participation in a qualifying assistance program, program participation documents, or another official document demonstrating that you, one or more of your dependents or household receives benefits from a qualifying assistance program.

2. Is your income at or below 135% of the Federal Poverty Guidelines? Yes No (*review table below*)
If yes, how many persons are in your household? _____

When applying for Lifeline benefits based on income level at or below 135% of Federal Poverty Guidelines, the certification form must be accompanied by one of the supporting documents:

- Current year's state or federal tax return
- Current income statements from an employer or paycheck stub
- A Social Security Statement of Benefits
- A Veterans Administration Statement of Benefits
- A retirement/pension Statement of Benefits
- An Unemployment/Workman's Compensation Statement of Benefits
- Federal or tribal notice letter of participation in Bureau of Indian Affairs General Assistance
- A divorce decree, or child support document

If you choose to submit anything other than a previous year's income tax return, you must then present three consecutive months of the alternate supporting documentation selected that is within the most recent twelve consecutive months.

Estimated Income Requirements for a Household at or Below 135% of the Federal Poverty Guidelines

Persons in Family Unit	135%
1	\$16,038
2	\$21,627
3	\$27,216
4	\$32,805
5	\$38,394
6	\$43,983
7	\$49,586
8	\$55,202
For each additional person, add	\$5,616

SECTION III – Certification

By signing below, I certify under penalty of perjury the information contained within this certification form is true and correct to the best of my knowledge:

- I understand that Lifeline is a federal assistance program and that willfully making false statement to obtain the benefit from the program can result in fines, imprisonment, de-enrollment or being barred from the program.
- I understand only one Lifeline service is available per household and understand that a household is not permitted to receive Lifeline assistance from multiple providers.
- I understand that 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.
- I understand that violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission’s rules and will result in my de-enrollment from the program.
- I certify that no other individual in my household is currently receiving Lifeline-supported service and understand that violation of this requirement will result in de-enrollment from the program and could result in criminal prosecution.
- I understand that Lifeline is a non-transferable assistance program and I may not transfer my benefit to any other person.
- I agree to notify my telecommunications provider within 30 days if I no longer meet the income-based or program based criteria for receiving Lifeline support or if I find that I am receiving more than one Lifeline benefit or another member of my household is receiving a Lifeline benefit. I may be subject to penalties if I fail to do so.
- I agree to notify my telephone provider within 30 days if I move to a new address.
- I agree to provide documentation of my eligibility when required to do so.
- I understand that I may be required to re-certify my eligibility for Lifeline at any time and failure to re-certify my continued eligibility will result in de-enrollment and termination of Lifeline benefits.
- By participating in this government program, I agree to allow my personal information to be added to the national database. I understand that failure to comply will deny me the Lifeline benefit.
- I have read the information on this certification form and understand that I must meet the qualifications listed on this form to receive assistance from the program.
- I certify under penalty of perjury that I meet the eligibility criteria and the information that I populated in Section II - Certification of this form is correct.
- I understand completion of this certification form does not constitute immediate acceptance into the Lifeline program.

Signature: _____ Date: _____

Please return this certification form to Table Top Telephone Company. Lifeline subscribers will receive a re-certification form annually from Table Top Telephone Company and must return that form to Table Top Telephone Company within 30 days to ensure the continuation of Lifeline assistance benefits.

SERVICE PROVIDER USE ONLY

Initiation Date: _____ De-Enrollment Date: _____ Customer Service Rep: _____
 Income/Program Doc Review Date: _____ Telephone number associated with Lifeline: _____