

**You may be eligible to receive up to \$17.02 off your monthly telephone bill.**

You may qualify for Lifeline either because you participate in one of the following programs or because your income is within the following guidelines. **NOTE: You may receive Social Security and Medicare benefits, but to qualify for lifeline, you must receive benefits from one of the following programs or your income must fall within the guidelines.**

There are two ways to qualify for Lifeline. If you wish to qualify because you participate in a program like food stamps, you must check off that program on the application and provide a photocopy of a card or approval letter. If you wish to qualify because your total household income level is at or below the guidelines listed below, you must provide a photocopy of one of the documents show on the application form and you must also certify how many people live in your household.

**Program Eligibility:**

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

**Income Eligibility:**

The Lifeline program is 135% of the 2017 Federal Poverty Level

Number in Household	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>Each add'l person</b>
Maximum annual income	\$16,281	\$21,924	\$27,567	\$33,210	\$38,853	\$44,496	\$50,139	\$55,782	\$5,643

**How to apply:**

1. Please fill out the Lifeline application with all of your information. Failure to complete every field may cause a delay in your enrollment in the Lifeline program.
2. Please choose option 1, program eligibility or option 2, Income eligibility. If choosing option 1, make sure to indicate what program(s) you participate in and provide documentation. If choosing option 2, make sure to attach one of the documents listed. Failure to provide documentation may cause a delay in your enrollment in the Lifeline program.
3. If you (the account holder/applicant) does **NOT** participate in one of the programs but a member of your household does, please fill out Attachment 1.
4. Please read all statements in Section 3, sign and date.
5. Return your completed application and documentation to United Telephone/United Wireless.

**If you have any other questions, please call United Telephone Association, Inc. at 1-800-794-9999 or United Wireless Communications, Inc. at 1-888-303-0083**

## Lifeline Assistance Program

### United Telephone Association, Inc. and United Wireless Communications, Inc. Application

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**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.**

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**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 or Tribal identification Number \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Are you seeking Lifeline as an eligible resident of Tribal lands? \_\_\_\_\_ If yes, please initial here to certify under penalty of perjury that you live on Tribal lands \_\_\_\_\_

**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*

- |  |   |
|--|---|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program/ Food Stamps (SNAP) | <input type="checkbox"/> Bureau of Indian Affairs General Assistance                                      |
| <input type="checkbox"/> Medicaid  | <input type="checkbox"/> Tribally Administered Temporary Assistance for Needy Families (TANF)             |
| <input type="checkbox"/> Supplemental Security Income (SSI)                            | <input type="checkbox"/> Tribally Administered Head Start (for those meeting income qualifying standards) |
| <input type="checkbox"/> Federal Public Housing or Section 8 Assistance                | <input type="checkbox"/> Food Distribution Program on Indian Reservation (FDPIR)                          |
| <input type="checkbox"/> Veteran's Pension / Survivor's Benefits                       |   |

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, or Tribal ID number, 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.**

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**Applicant Signature (required)**

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**Date**

- **Complete Application**
- **Attach Proof of Income or Program Participation**
- **Mail Application and Income Documents to:**  
**United Telephone Association, Inc.**  
**United Wireless Communications, Inc.**  
**PO Box 117**  
**Dodge City, KS 67801**

**Lifeline Telephone Assistance Program**  
**United Telephone Association, Inc. and United Wireless Communications, Inc.**  
**Application – Attachment 1**

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**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