



LIFELINE AUTHORIZATION FORM
Effective January 1, 2016

I, _____ certify that I am currently eligible for Lifeline discounted telephone service provided by SKT. By signing this form, I also certify that I do not receive Lifeline discounts from any other telephone or wireless provider, and that per FCC rules I may receive Lifeline discounts on only one telephone service. I give SKT permission to release to the Universal Service Administrative Company (USAC) or its agent any records required to confirm that my household only receives one Lifeline benefit. If USAC finds that my household receives more than one Lifeline benefit, USAC will notify the telephone companies, and I will have to select one service and I will be de-enrolled from the other.

Print Name _____ Telephone Number _____

Birth Date _____ Social Security # (Last 4 Digits) XXX-XX-_____

TO QUALIFY FOR LIFELINE, SKT MUST HAVE A COPY OF ONE OF THE FOLLOWING:

- ___ BUREAU OF INDIAN AFFAIRS GENERAL ASSISTANCE
- ___ FEDERAL PUBLIC HOUSING ASSISTANCE /Section 8
- ___ GENERAL ASSISTANCE (*Vision card*)
- ___ TRIBALLY ADMINISTERED FREE SCHOOL LUNCH PROGRAM
- ___ HEAD START /Income-Qualifying Residents of Tribal Lands Only (*proof of enrollment*)
- ___ LOW INCOME HOME ENERGY ASSISTANCE PROGRAM /LIHEAP
- ___ MEDICAID (*Vision or Medicaid card and a copy of the enrollment form required*)
- ___ NATIONAL SCHOOL LUNCH /Free Program Only
- ___ SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM /SNAP (*Vision card or letter of enrollment in program*)
- ___ SUPPLEMENTAL SECURITY INCOME /SSI (*Vision card*)
- ___ TEMPORARY ASSISTANCE FOR NEEDY FAMILIES /TANF (*Vision card*)
- ___ TRIBALLY ADMINISTERED TANF (*Vision Card*)
- ___ FOOD DISTRIBUTION PROGRAM

OR

___ ANNUAL HOUSEHOLD INCOME AT OR BELOW 150% OF THE FEDERAL POVERTY GUIDELINES (*see chart below*)

Persons in Household	Annual Household Income No Higher Than:	Persons in Household	Annual Household Income No Higher Than:
1	\$17,820	5	\$42,660
2	\$24,030	6	\$48,870
3	\$30,240	7	\$55,095
4	\$36,450	For Each Additional Person, Add:	\$ 6,240

TO QUALIFY BY ANNUAL HOUSEHOLD INCOME, THE SELF-CERTIFICATION SECTION BELOW MUST BE SIGNED AND RETURNED, ALONG WITH ONE OF THE FOLLOWING PROOF OF INCOME DOCUMENTS:

- ___ PRIOR YEAR'S TAX RETURN
- ___ THREE CURRENT PAYCHECK STUBS (*consecutive*)

I certify that I am eligible by virtue that my annual household income is at or below 150% of the Federal Poverty Guidelines for the number of persons residing in my household.

I make the certifications under penalty of perjury, punishable by law.

Signed _____ Date _____

Number of Persons in Household _____