



## Lifeline Assistance Program 2017 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 \_\_\_\_\_

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*

Supplemental Nutrition Assistance  
Program/ Food Stamps (SNAP)

Federal Public Housing or Section 8 Assistance

Medicaid

Veteran's Pension / Survivor's Benefits

Supplemental Security Income (SSI)

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

## 2017 Federal Poverty Guidelines – 135%

<b>Household Size</b>	<b>Annual Income (at or below)</b>
<b>1</b>	\$16,281
<b>2</b>	\$21,924
<b>3</b>	\$27,567
<b>4</b>	\$33,210
<b>5</b>	\$38,853
<b>6</b>	\$44,496
<b>7</b>	\$50,139
<b>8</b>	\$55,782
<b>For Each Additional Person add</b>	<b>\$ 5,643</b>

Note: The federal poverty guidelines are typically updated at the end of January each year.

# Lifeline Telephone Assistance Program

## SKT 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