

FEDERAL LIFELINE TELEPHONE ASSISTANCE APPLICATION



Subscriber Information

Subscriber's Full Name: _____

Subscriber's **Physical** Address: _____
(Address cannot be a post office box)

City: _____ State: _____ Zip Code: _____

➤ Is the physical address you provided permanent or temporary? (Check one) permanent temporary

➤ If your physical address is temporary, please read and initial statement on next line:

I promise to re-verify my temporary address every 90 days. _____
(Initial here)

Subscriber's Billing/ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Subscriber's Date of Birth: _____

Last 4 digits of Subscriber's Social Security # or Tribal ID/Census #: _____

Telephone Number Where you Can Be Reached: _____

Check Box that best describes where you live: I live on tribal land or a reservation I do not live on tribal land or a reservation

Benefits Qualifying Person Information

(Only complete if person qualifying for benefits is different from subscriber)

Full Name: _____
First Middle Last

Date of Birth: _____ Last 4 digits of Social Security #: _____ Tribal ID/Census #: _____

Apply Lifeline Benefits to: _____ Voice Service, or _____ Broadband Service (only available for 10 Mbps or higher tiers)

COMPLETE SECTION 1 OR 2, BUT DO NOT FILL OUT BOTH

Section 1.

Verified by: _____

I, or a member of my household, currently participate in the following program(s):

Check all that apply and attach a copy of the supporting documentation:

- Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance)
- Tribally Administered Temp Assistance for Needy Families (TTANF)
- Supplemental Security Income (SSI)
- Food Stamps (SNAP)
- Federal Public Housing Assistance (including Section 8)

- BIA General Assistance Programs
- Food Distribution Program on Indian Reservation (FDPIR)
- Headstart (applies to Tribal Lifeline)
- Veterans Pension & Survivors Pension Benefit

Section 2.

I do not receive benefits from any of the programs listed above, BUT my income is at or below 135% of the Federal Poverty Guidelines. Please check the box below that applies to your household and attach a copy of the supporting documentation described below:

Please Check	# household members	Household Income (at or below)
<input type="checkbox"/>	1	\$16,281
<input type="checkbox"/>	2	\$21,924
<input type="checkbox"/>	3	\$27,567
<input type="checkbox"/>	4	\$33,210
<input type="checkbox"/>	5	\$38,853
<input type="checkbox"/>	6	\$44,496
<input type="checkbox"/>	7	\$50,139
<input type="checkbox"/>	8	\$55,782
<input type="checkbox"/>	No. _____	*Add \$5,643 each additional person

Verified by: _____

Please attach a copy of one of the documents below if you did not check any boxes in SECTION#1.

- Previous Year State/ Federal or Tribal Tax Return
- Veterans Administration statement of benefits
- Social Security Administration statement of benefits
- Retirement/ pension statement of benefits
- Unemployment/Workers Compensation statement of benefits
- Current year-to-date earnings statement from an employer or 3 consecutive months of pay stubs
- Divorce decree or child support wage assignment statement
- Tribal Notice Letter of Participation in General Assistance

I agree to notify my phone company when I or a member of my household no longer participates in any of the above qualifying public assistance programs, or when there has been a change in my family size or income level, or a change in my address within 30 days.

I understand and acknowledge that:

- Lifeline is a federal benefit;
- I am eligible for Lifeline benefits under the guidelines stated above;
- Willfully making false statements can result in fines, imprisonment, and disenrollment from the Lifeline program;
- Only 1 Lifeline service is available per household (a household being "an individual or group of individuals who live together at the same address and share income & expenses);
- A household is not allowed to receive Lifeline benefits from more than 1 provider;
- Violation of the 1-per-household rule is a violation of the U.S. federal government and will result in my disenrollment from the Lifeline program;
- I certify that no one else in my household receives Lifeline benefits;
- I may **not** transfer my Lifeline benefits to anyone else;
- My continued eligibility for Lifeline benefits will be based on my being re-certified and that failure to do so will result in my termination from Lifeline benefits;
- I will notify Sacred Wind within 30 days if I am no longer eligible for Lifeline benefits for any reason and if there is any change in my address and
- I consent to have my name, address, and telephone number and any other information provided on this form to the Universal Service Administration Company (USAC) and/or its agents for purposes of verifying my eligibility for Lifeline benefits.

I certify under penalty of perjury that the information contained in my application is true and correct to the best of my knowledge and that I agree to the statements above. I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.

Subscriber's Signature _____

Date _____

Please call our Business Office Toll Free at 1-877-722-3393 if you have any questions.

We Speak Navajo (Diné). Diné bizaad nihit bééhózin.

Mailing Address:

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