

# TelAlaska

## LIFELINE & LINK-UP APPLICATION

**Please note: All highlighted areas must be completed or application will be returned.**

Subscriber Name:  Date of birth:  Last 4 digits of SSN:   
Mailing Address:   
Physical Address (or description of location):   
Temporary or Permanent?  Contact Telephone Number:

**Check all that apply:**

- I currently receive monthly Lifeline assistance at the above address. *(Lifeline assistance may only be applied to one service type at your principal residence.)*
- I previously received Link Up assistance at the above address. *(You may not receive Link Up assistance more than once at the same principal residence.)*

I authorize TelAlaska to **add** Lifeline to the following TelAlaska account:

I authorize TelAlaska to **remove** Lifeline from my existing TelAlaska account:

**Toll Blocking:** I elect to not allow the completion of outgoing toll (long distance) calls from my telephone. *(No additional charge)*

**Qualifying Public Assistance Programs (documentation from one of the programs below is required to receive Lifeline benefits)**

**Check All that Apply**

- |  |  |
|--|--|
| <input type="checkbox"/> Supplemental Security Income (SSI)  | <input type="checkbox"/> Food Distribution Program on Indian Reservations                        |
| <input type="checkbox"/> SNAP (Supplementary Nutrition Assistance Program) formerly known as Food Stamps                           | <input type="checkbox"/> Head Start Programs (only those who meeting qualifying income standard) |
| <input type="checkbox"/> Medicaid  | <input type="checkbox"/> Veterans Pension or Survivors Benefit program                           |
| <input type="checkbox"/> Federal Public Housing Assistance   | <input type="checkbox"/> Bureau of Indian Affairs General Assistance                             |
| <input type="checkbox"/> Tribally Administered Temporary Assistance for Needy Families (those who meet qualifying income standard) |  |

Annual Income is at or below 135% of Federal Poverty Guidelines. \_\_\_\_\_ number of people in household

Name of Person Qualified to Receive this Benefit:  Date of birth:  Last 4 digits of SSN:

I certify that if I am not the program beneficiary, the beneficiary is a member of my household and the beneficiary is not currently receiving Lifeline. **Initial here:** \_\_\_\_\_

I acknowledge and certify under penalty of perjury that (1) I have read the information in this application; (2) the information contained in this application is true and correct; (3) I understand that I must meet the above qualifications to receive Lifeline and Link Up assistance; (4) I understand that Lifeline is available for only one service per household and a household is defined as any individual or group of individuals who live together at the same address and share income and expenses; (5) to the best of my knowledge no one in my household is receiving a Lifeline-supported service

from any other provider; and (6) I understand that Lifeline is a government assistance program and violation of the one-per-household requirement could result in de-enrollment from the program and potential prosecution by the U.S. government. Additionally,

- I understand that Lifeline support is only available for a single service type at my principal residence.
- I understand that I may not receive Link Up Assistance more than once at the same principal residence.
- I understand that completion of this application does not constitute immediate enrollment in this program and service will be provided subject to the terms and conditions of the service, rate plan and Lifeline and Link Up agreement.
- I agree to notify TelAlaska within thirty (30) calendar days if I no longer participate in the program(s) identified above.
- I agree to provide TelAlaska with a new address within thirty (30) calendar days of a future move.
- I further consent to the release of the information on this application (including financial information) pursuant to the administration of this program.
- I understand Lifeline is a non-transferable benefit and I may not transfer my service to another individual.
- I understand that there is a benefit port freeze that requires I maintain service with TelAlaska for a minimum of 60 days for voice service or a minimum of 12 months for broadband service.
- I understand that all information on this form is required for certification and will be electronically submitted to the National Lifeline Accountability Database.
- I understand that I may be required to re-certify my continued eligibility for Lifeline at any time and failure to do so will result in the termination of my Lifeline benefits. **Initial here:** \_\_\_\_\_

**\*\*\*\*\*You must include proof of the qualifying program. Please do not send originals.\*\*\*\*\***  
**Documents provided for proof will be destroyed and not returned unless a stamped, self-addressed envelope is included with the application.**

Signature of Applicant  Date

Please return completed application to: TelAlaska, 201 E. 56<sup>th</sup> Ave., Anchorage, AK 99518 Fax (907) 550-1675 or scan and email to [customerservice@telalaska.com](mailto:customerservice@telalaska.com).

*For TelAlaska Use Only:*

Name of Document Submitted:  Expiration of Documentation:

Date Document was reviewed:  Method Documentation was provided:

Name of Employee who Reviewed Document:  Initials of Employee who Reviewed Documentation:

Name on the documentation who is demonstrating program participation (if different than applicant):

Type of service selected:

Date Entered Into NLAD:  Date Documentation was returned to Customer: