

Lifeline Self Certification Form

Subscriber Name _____ Date of birth _____ Last 4 digits of SSN _____

Mailing Address _____

Residential Address _____ Temporary Permanent

Telephone number _____

Are you or anyone else in your household currently receiving any low-income assistance from any other local or wireless telephone provider? Yes No If yes, you are not eligible for Lifeline service due to the one line per household requirement.

You must participate in one of the following **Qualifying Public Assistance Programs** to receive Lifeline service.

- Bureau of Indian Affairs General Assistance
- Federal Public Housing Assistance
- Head Start Programs (only those who meet the qualifying income standard)
- Medicaid
- SNAP (Supplementary Nutrition Assistance Program) formerly known as Food Stamps
- Supplemental Security Income (SSI)
- Tribally Administered Temporary Assistance for Needy Families (those who meet qualifying income standard)
- Veterans Pension and Survivors Benefit Program
- Annual Income is at or below 135% of Federal Poverty Guidelines. _____ number of people in household
- Food Distribution Program on Indian Reservations (FDPIR)

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 assistance; (4) I agree to provide documentation of my eligibility when required to do so. (5) I understand that Lifeline is available for only one line 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; (6) to the best of my knowledge no one in my household is receiving a Lifeline-supported service from any other provider; and (7) 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. (8) I understand that all information on this form is required for certification and will be electronically submitted to the National Lifeline Accountability Database. (9) By participating in this government program, I agree to allow my personal information to be added to the national database. I understand failure to comply will deny me the Lifeline benefit. 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 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: _____

Signature of Applicant _____

Date _____

Please return completed certification form using the enclosed, postage paid envelope. Or, if using another envelope, mail to:

TelAlaska
201 E. 56th Ave.
Anchorage, AK 99518.

You can also fax your completed form to us at fax number (907) 550-1675, or you may scan and email a PDF or jpeg file of the completed form to: customerservice@telalaska.com. Lifeline subscribers will receive a recertification form annually from TelAlaska on the anniversary date of their enrollment. **The form must be returned by the date on the enclosed letter to ensure the continuation of Lifeline assistance benefits.**

For TelAlaska use only: Initiation Date _____ De-enrollment Date: _____