



2017

**Lifeline Telephone Assistance Program  
Plains Cooperative Telephone Association Application**

The following section must be filled out completely or your application will be returned and benefits will be delayed.

Social Security (*last 4 digits*)  
or Tribal ID Number: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: CO Zip: \_\_\_\_\_

**Birthdate**  
 Month                      Day                      Year  
 [ ][ ]                      [ ][ ]                      [ ][ ][ ][ ]  
 Address is:  permanent  temporary  
 More than one family lives at this address   
 I certify that I live on Tribal lands

Billing Address (*if different than residential*): Street or P.O. Box: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Company: Plains Cooperative Telephone Association  
 Telephone number if you currently have service:  
*Area Code*  
 [ ][ ][ ]    [ ][ ][ ][ ]    [ ][ ][ ][ ][ ]

Number of people living in your household: \_\_\_\_\_  
 Telephone number where you can be reached:  
*Area Code*  
 [ ][ ][ ]    [ ][ ][ ][ ]    [ ][ ][ ][ ][ ]

- ① I receive benefits from the following program(s): **Check all that apply and attach proof**
- Medicaid
  - Supplemental Nutrition Assistance Program/ Food Stamps (SNAP)
  - Federal Public Housing or Section 8 Assistance
  - Veterans Pension & Survivors Pension Benefit
  - Supplemental Security Income (SSI)
  - Tribal Programs

② I do not receive benefits from the programs above but my income is at or below 135% of the Federal Poverty Guideline (Attached). **Please attach one of the documents below if you did not check any boxes above.**

- Social Security Benefits Statement
- Last year's State or Tribal Tax Return
- Current annual income statement employer
- 3 consecutive months of most recent paycheck stub
- Divorce Decree
- Retirement/Pension Benefits Statement
- Veterans Administration Benefits Statement
- Child Support Document
- Unemployment/Workman's Compensation Statement

Persons in Household	Annual Income NO Higher Than:	Persons in Household	Annual Income NO Higher Than:
1	\$16,281	5	\$38,853
2	\$21,924	6	\$44,496
3	\$27,567	7	\$50,139
4	\$33,210	8	\$55,782

For each additional person, add \$5,643

**Certification of Eligibility and Information Release**

*By signing below, I certify under penalty of perjury that I understand and agree to all of the following:*

**Read and initial each line.**

- I participate in a qualifying federal program or meet the income qualification.
- I have provided documentation of eligibility.
- 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 and potential prosecution by the United States government.
- 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 will inform the company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline support. Failure to notify the company may result in penalties.
- If I move to a new address, I will provide that new address to the company within 30 days.
- If I provided a temporary address, I will verify with my telephone provider the temporary residential address every 90 days.
- I may be required to re-certify continued eligibility at any time and failure to do so will result in removal from the program.

**I consent to have my name, telephone number, and address 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.**

\_\_\_\_\_

**Applicant Signature (required)** **Date**

I designate below the name and telephone number of an “Authorized Representative” for this application who has submitted this form on my behalf and is willing to assist me in seeking the telephone service discounts.

\_\_\_\_\_

Print “Authorized Representative” Name Phone Number

**The following section must be filled out if the Lifeline Program Eligibility Beneficiary is not the Applicant:**

I \_\_\_\_\_ certify that \_\_\_\_\_, the beneficiary on the documentation of  
Applicant Beneficiary

the \_\_\_\_\_ Program is a member of my household and the individual does not currently  
Name of Program

receive Lifeline supported service.

- Complete Application
- Attach Proof of Income or Program Participation
- Mail Application and Proof of Program to:  
 Plains Cooperative Telephone Assoc.  
 PO Box 123  
 Joes, CO 80822

Visit [www.lifelinesupport.org](http://www.lifelinesupport.org) for more information.

**PLAINS COOPERATIVE TELEPHONE ASSOCIATION**  
**Lifeline Household Worksheet**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An **adult** is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household **expenses** include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). **Income** includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

**You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.**

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check no if you do not have a spouse or partner) \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**
  - If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
  - If you checked **NO**, please answer question #2.
  
2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?
  - A. A parent \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**
  - B. An adult son or daughter \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**
  - C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.) \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**
  - D. An adult roommate \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**
  - E. Other \_\_\_\_\_ \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**
  - If you checked **NO** for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
  - If you checked **YES**, please answer question #3.
  
3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**
  - If you checked **NO**, then your address includes **more than one household**. Please initial lines A and B below, and sign and date the worksheet.
  - If you checked **YES**, then your address includes only **one household**. You may not sign up for Lifeline because someone in your household already receives Lifeline.

**CERTIFICATION**

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to Plains Cooperative Telephone with your Lifeline application.

- A. \_\_\_\_\_ I certify that I live at an address occupied by multiple households.
- B. \_\_\_\_\_ I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature \_\_\_\_\_ Date: \_\_\_\_\_