



E-Lifeline / E-Link Up Application

PLEASE PRINT CLEARLY

Name of Account Holder: _____

Last 4 of SS# : _____ DATE OF BIRTH: _____ TRIBAL ID #: _____

BILLING ADDRESS: _____ CITY/STATE/ZIP: _____

Required PHYSICAL ADDRESS: _____

You must provide a **Physical Address** description.

Is this a permanent address? Yes ___ No ___ TELEPHONE NUMBER: (928) 475- _____

Lifeline is a government program that provides a monthly discount on home or wireless telephone services, but not both. Only one Lifeline service is allowed per household; a household is not permitted to receive Lifeline benefits from multiple providers. Your household is everyone who lives in your home (including children and people who are not related to you) and shares income and household expenses (bills, food, etc.). Violation of the one per household rule is a violation of federal rules and will result in de-enrollment from the Lifeline program and potential prosecution by the United States Government. You may not transfer your Lifeline benefit to any other person. Lifeline is a nontransferable benefit.

E-Lifeline monthly telephone service discount up to \$34.25. One discount per household.

E-Link Up telephone installation discount up to \$100.00, one-time discount, new installs only.

Please initial the certifications below and sign and date this form.

I meet the income-based criteria (household income less than 135% of federal poverty guidelines).

Please state the number of household members: _____

Or I meet the program-based eligibility criteria for receiving Lifeline. Check benefits that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Federal Public Housing Assistance | <input type="checkbox"/> BIA General Assistance | <input type="checkbox"/> SNAP (Food Stamps) |
| <input type="checkbox"/> National School Free Lunch Program | <input type="checkbox"/> Head Start Qualifiers (new) | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Tribal Food Distribution (FDPIR) | <input type="checkbox"/> Medicaid/AHCCCS | <input type="checkbox"/> LIHEAP <input type="checkbox"/> TANF |

I will notify SCATUI within 30 days if for any reason I no longer meet the criteria for receiving Lifeline, or if I no longer meet the income-based or program-based criteria for receiving Lifeline support, or if I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit.

If I move to a new address, I will provide that new address to SCATUI within 30 days.

If I provided a temporary residential address to SCATUI, I am required to verify my temporary residential address every 90 days.

My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.

I may be required to re-certify to continue eligibility for Lifeline at any time, and that failure to do so will result in de-enrollment and the termination of my Lifeline benefit.

I will not transfer the Lifeline benefit to anyone else, including any other eligible person.

I consent to allow my personal identification information to be shared with the Universal Service Administration Company (USAC) and/or its agents for the purpose of verifying that I am not receiving more than one Lifeline benefit.

I live on the San Carlos Apache Reservation.

By signing this document, I certify, under penalty of perjury, to the items initialed above and that I understand the Lifeline program rules described above and agree to participate in the Lifeline program should I be eligible, that the information I have provided on this form is true and correct to the best of my knowledge and that providing false or fraudulent information to obtain this benefit can be punished by law, including fines, imprisonment, de-enrollment or being barred from this program.

Account Holder Signature _____ Date: _____

New Application PROOF OF ELIGIBILITY: _____
 Annual Re-Certification _____
 DENIED, DATE & REASON: _____ REVIEWED BY & DATE: _____