



LIFELINE & LINK-UP APPLICATION

Local Service Cellular Service

Subscriber Name: _____

Address: _____

Telephone number: _____

- I currently receive monthly Lifeline assistance at the above address. *(Lifeline assistance may only be applied to one phone line 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 telephone number: _____

I authorize TelAlaska to **remove** the Lifeline Benefit from my existing TelAlaska account: *please provide phone number*

TelAlaska Local _____ TelAlaska Cellular _____

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 (Please Check Box)

- Medicaid Food Stamps Supplemental Security Income (SSI) Federal Public Housing Assistance
- Low Income Home Energy Assistance Bureau of Indian Affairs General Assistance
- Temporary Assistance for Needy Families Tribally-Administered Temporary Assistance for Needy Families
- National Free Meal School Lunch Program Head Start Programs (only those meeting income qualifying standard)
- Other means-tested social service program administered by the state or federal government:

Annual income is at or below 135% of the Federal Poverty Guidelines.

For TelAlaska Use Only - Income eligibility verified by: _____

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; and (3) I understand that I must meet the above qualifications to receive Lifeline and Link Up assistance.

- 1) I understand that Lifeline support is only available for a single telephone line at my principal residence.
- 2) I understand that I may not receive Link Up Assistance more than once at the same principal residence.
- 3) I understand that completion of this application does not constitute immediate enrollment in this program.
- 4) I understand service will be provided subject to the terms and conditions of the service, rate plan and Lifeline and Link Up agreement.
- 5) I agree to notify TelAlaska within five (5) calendar days if I no longer participate in the program(s) identified above.
- 6) I further consent to the release of the information on this application (including financial information) pursuant to the administration of this program.
- 7) I agree to notify my current service provider that I have applied to receive Lifeline and Link Up service from TelAlaska.

Signature of Applicant

Date

Printed Name of Applicant