

NDTC LIFELINE ASSISTANCE FORM

Consumers who are applying for Lifeline must provide proof of eligibility along with this application and may be required to provide proof of identity and/or address. Incomplete or illegible entries may not be processed.

If you have Lifeline (free or reduced phone or internet service) with another company, do you give North Dakota Telephone Company permission to transfer the lifeline service? If you answer yes, *you will lose the discount with the other company. If you answer no, you may not receive Lifeline on this account.*

- Yes, transfer my Lifeline Service
 No, do not transfer my Lifeline Service
 I do not currently have Lifeline Service

Section 1: Subscriber Information

Subscriber Name: _____
(Name must be on account) **First** **Last**

Date of Birth (mm/dd/yyyy): ____/____/____ **Telephone Number:** _____

Last 4-digits of Social Security Number: _____ **Tribal Identification Number (if no SSN):** _____

I reside on federally recognized Tribal Lands: Yes No

Service Address: _____
(No PO boxes) **Street** **Apt. No.**

_____ **City** **State** **Zip Code**

The above service address is Permanent Temporary

Billing Address: _____
(If different than above) **Street** **Apt. No.**

_____ **City** **State** **Zip Code**

Only complete this part if the person who qualifies for Lifeline is not the Applicant

Eligible Person in the Household*: _____
Last First M.I.

Date of Birth (mm/dd/yyyy): ____/____/____ **Last 4 digits of Social Security Number:** _____

Relationship to Applicant (Spouse, Child, Dependent, etc.): _____

Section 2: Program Requirement – Eligibility

I, my dependent, or someone in my household* is currently receiving assistance benefits from at least one of the following programs **OR** my household* meets the income requirements below. If qualifying through a dependent or household* member, mark their qualifying programs(s).
 *Household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.

Check all programs you/your household participates in: (Documentation Required)

- Medicaid
- Federal Public Housing Assistance (Section 8)
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Veterans Pension and Survivors Benefit Program

My household* income is at or below 135% of the 2017 Federal Poverty Guidelines listed in the chart below. Including myself, my household size is:

Tribal-specific Programs:

- Bureau of Indian Affairs General Assistance
- Food Distribution Program on Indian Reservations (FDPIR)
- Tribally-Administered Temporary Assistance for Needy Families (TTANF)
- Head Start (only households that meet the income qualifying standard)

OR

Household Size	Annual Household Income
1	\$16,281
2	\$21,924
3	\$27,567
4	\$33,210
5	\$38,853
6	\$44,496
7	\$50,139
8	\$55,782
Each additional member, add:	\$5,643

Section 3: Supported Service Selection

Lifeline support can be used on **either** telephone service or internet service, but not on both. NDTC does have the option to apply the discount to a qualifying service bundle, such as home phone and home internet service. Please choose which service you would like NDTC to apply the lifeline credits to.

I would like lifeline credits applied to my: Telephone Only Service Internet Service Bundled Service

Telephone Service Credits (Non-tribal telephone lines only) – cannot be transferred to another carrier for 60 days

Dates	Support Amounts
Until 12/1/2019	\$9.25
12/1/2019 to 11/30/2020	\$7.25
12/1/2020 to 11/30/2021	\$5.25
12/1/2021	Stand-alone voice service, or voice service bundled with internet that doesn't meet the minimum standards, will not be eligible for Lifeline support.

Internet Service Credits – cannot be transferred to another carrier for 12 months

Dates	Support Amounts
Starting 12/1/2016	\$9.25

*The above section is subject to change due to future rules or orders submitted by the FCC.

Section 4: Required Certifications

By initialing each line below, I certify under penalty of perjury that:

Initial:

_____ Lifeline is a government benefit program and I understand that if I make false statements in order to obtain the benefit I can be punished by fine, imprisonment, de-enrollment, or may be barred from the program.

_____ I (or my dependent or other member of my household) currently receive(s) benefits from the program identified above or my annual household income is at or below 135% of the Federal Poverty Guidelines, and if this is an initial application, that I have provided proof of eligibility.

_____ I will notify NDTC within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, moving to a new address, no longer meeting the income-based or program-based criteria, or my household receives more than one Lifeline discounted service.

_____ I am aware that my household can receive only one Lifeline supported service and, to the best of my knowledge, no one in my household is receiving a Lifeline service from NDTC or another company. (i.e. only receiving a benefit for one home phone service or for one wireless phone service, but not both)

_____ I understand that I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program will result in de-enrollment and the termination of my Lifeline benefits.

_____ I give NDTC permission to release to the Universal Service Administrative Company (USAC) or its agent any records required to confirm that my household only receives one Lifeline benefit. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits.

_____ (Only if you checked yes to living on tribal lands) I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, as I live on Tribal lands as defined in Section 54.400(e) of the Lifeline rules.

By signing below, I certify, under penalty of perjury, that the above information is true to the best of my knowledge.

Signature

Date

*Lifeline is a federal benefit that makes monthly telephone or internet service more affordable for eligible households. Your household may receive the Lifeline benefit for one telephone or one internet service, but not both. Your household may not receive the lifeline benefit from more than one provider. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income or expenses. You may not transfer your Lifeline benefit to another person, even if he or she is eligible. You may lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive Lifeline benefits.

Send the completed form to NDTC:

Mail: PO Box 180, Devils Lake, ND 58301

Fax: 701-662-6444

Email: service@ndtel.com

For NDTC Use Only

Date received/verified in NLAD: _____ IEH Worksheet: Yes, Date Received _____ No

Proof of eligibility reviewed (initial app. only): Yes, Type _____ No

Form Completed Successfully: Yes No Benefit Transferred: Yes No Link Up Credit: Yes No

Date enrolled in NLAD: _____ Customer Service Representative: _____