

# Grand Telephone Company, Inc. Lifeline Form

*Please complete Sections 1, 2 and 3 below. You must provide proof of your eligibility along with this application.*

Initial Lifeline Application (must include proof of eligibility)     Annual Lifeline Recertification

## SECTION 1 - Applicant Information *(Applicant is the person who has telephone and/or broadband service with the company).*

Choose **ONE** service to apply the Lifeline discount: (check with provider for availability)

Telephone                       Broadband Internet

**Initial Application Only:** If you have Lifeline (free/reduced phone service or broadband internet service) with another company, do you give Grand Telephone Company, Inc. 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

First Name*	Middle Name/Initial	Last Name*
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Date of Birth*	Last 4-Digits of SSN or Tribal ID #*	Phone Number	Email Address
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Residential Street Address (No PO Boxes)*	Unit #	City*	State*	Zip Code*
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Is your residential address permanent?\*     Yes     No

Is your address on Federally recognized Tribal lands?     Yes, I certify under penalty of perjury that I live on Federally recognized Tribal lands     No, I do not live on Federally recognized Tribal lands

Is this address occupied by multiple households?     Yes     No  
(if yes, complete Lifeline Worksheet on Page 3)

Billing Address (if different)	Unit #	City	State	Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

### Eligible Person's Information. Only complete this part if the person who qualifies for Lifeline is not the Applicant.

First Name	Last Name	Date of Birth	Last 4-Digits of SSN or Tribal ID #	Relationship to Applicant
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

## SECTION 2 - Eligibility Information

I certify that I, my dependent, or my household receives assistance from at least one of the programs listed below, or that my total household income is at or below 135% of the Federal Poverty Guidelines, and that I have provided proof of eligibility.\*

**2017 135% of the Federal Poverty Guidelines (annual household income before tax)**

1 person up to \$16,281 per year    2 people up to \$21,924    3 people up to \$27,567    4 people up to \$33,210    5 people up to \$38,853    6 people up to \$44,496  
7 people up to \$50,139    8 people up to \$55,782    More than 8 people - add \$5,643 for each extra person

### All Eligible Applicants

- Federal Public Housing Assistance (FPHA)
- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Veterans Pension or Survivors Pension
- Total Household Income at or below 135% of the Federal Poverty Guidelines

### Applicants who live on Federally Recognized Tribal Lands Only

- Bureau of Indian Affairs General Assistance
- Food Distribution Program on Indian Reservations (FDPIR)
- Head Start (income eligible only)
- Tribally-administered Temporary Assistance for Needy Families (TTANF)

If you checked **Total Household Income** above, provide the number of people in your household.

**SECTION 3 - Certification**

By initialing each line and signing below, I certify, under penalty of perjury, that the information contained within this certification form is true and correct to the best of my knowledge AND that:

- \_\_\_\_\_ I certify that I meet the income-based or program-based eligibility criteria for receiving Lifeline.
- \_\_\_\_\_ I certify that I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline (for example, 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).
- \_\_\_\_\_ I certify that if I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, that I live on Tribal lands, as defined by federal law.
- \_\_\_\_\_ I certify that if I move to a new address, I will provide that new address to the eligible telecommunications carrier within 30 days.
- \_\_\_\_\_ I understand that my household will receive only one Lifeline service and, to the best of my knowledge, I certify that my household is not already receiving a Lifeline service.
- \_\_\_\_\_ I certify that the information contained in this certification form is true and correct to the best of my knowledge,
- \_\_\_\_\_ I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law;
- \_\_\_\_\_ I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

Signature\*

Date\*

Send the completed form and proof of eligibility to:

**MAIL:** Grand Telephone Company P.O. Box 308, Jay, OK 74346 **EMAIL:** makisha@grand.net **FAX:** 918.253.8024

Lifeline is a federal benefit that makes monthly telephone or broadband internet service more affordable for eligible households. Eligible households may apply the monthly Lifeline discount to either broadband internet service (home or wireless) or phone service (home or wireless) but not both. Your household may not receive the Lifeline benefit from more than one company. 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 and expenses. You may not transfer your Lifeline discount 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.

*For Office Use Only:* Type of Documentation \_\_\_\_\_ Date Reviewed \_\_\_\_\_ Reviewed by \_\_\_\_\_ Lifeline Household Worksheet? Yes No Date NLAD Queried \_\_\_\_\_