

**ANCHORAGE OFFICE**  
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**LIFELINE AND LINKUP ASSISTANCE APPLICATION**

Annual Certification Is Required

**Check applying for:**

- Tribal Lifeline Voice** (Landline only)
- Tribal Lifeline Bundled Voice** (Landline & DSL Internet- DSL does not meet the minimum service standards))
- Tribal Lifeline Bundled Broadband** (Wireless Calling & Mobile Internet)

**Tribal Lifeline Voice:** Either **Mobile or Landline** Single party, voice grade access to the public switched network, access to emergency services, access to operator services, access to interexchange services (unless toll blocking is chosen), access to directory assistance, and toll blocking (if requested).

**Tribal Lifeline Bundled Voice-**Subscriber receives both voice and broadband service but only the voice component meets the minimum service standards.

**Tribal Lifeline Bundled Broadband-**Subscriber received both voice and broadband service and both the voice and broadband components meet the minimum service standards.

**Tribal Link Up (installation charges)**

**Tribal Link Up:** includes any standard charges imposed on qualifying low-income individuals on Tribal Lands as a condition of initiating service, including both line extension and initial connection charges. The customer will receive assistance for 100% of connection fees up to \$100.00. This is the maximum federal assistance available. The supported services under this section do not include charges assessed for facilities or equipment that fall on the customer’s side of the demarcation point, i.e. customer premises equipment and inside wiring charges. Any additional installation charges or line extension charges will be the responsibility of the customer. Expanded Link-Up Service assistance shall be provided a subsequent time only for a principal residence with a different address than the residence where Expanded Link-Up Service was previously provided.

**Verify your Eligibility:**

1. **Complete Section A:** Personal Information
2. **Complete Section B OR Section C (not both)**
3. **Complete Section D: Initial, Sign, and Date**
4. **Attach a copy of your documents to support your eligibility**
5. **Return Application and Documents to ASTAC** 4300 B St, Suite 501, Anchorage, AK 99503 / Fax: 907-563-3394 or 907-852-0006

**A. PERSONAL INFORMATION**

The person applying for Lifeline service **MUST BE** the same person who qualifies for the Lifeline benefits **AND** listed on the telephone bill.

CUSTOMER FIRST AND LAST NAME	
MAILING ADDRESS City, State, Zip Code	
“Main” Lifeline Telephone Number	
PHYSICAL ADDRESS City, State, Zip Code <i>(NOT PO Box)</i>	

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 (Required)                      mm                      dd                      yyyy

Check here if service address is temporary

Social Security Number: \_\_\_\_\_  
 (Required)

Office Use Only	
ASTAC CSR:	
Proof of Eligibility Received and Effective Date(s):	
Date:	

**B. PROGRAM-BASED ELIGIBILITY**

Check all program(s) in which you or a member of your household is currently enrolled. **YOU MUST PROVIDE PROOF OF PROGRAM PARTICIPATION.** This could include a copy of your benefit ID card, a copy of an eligibility letter from an authorized agency or prior year’s statement of benefits. **(Do not send original documents, documentation will NOT be returned. Proof will remain on file with ASTAC for 3 years.)**

E1 - Medicaid

E2 - Food Stamps (Supplemental Nutrition Assistance Program or SNAP)

E3 - Supplemental Security Income (SSI)

E4 - Federal Public Housing Assistance (Section 8)

E8 - Bureau of Indian Affairs (BIA) General Assistance

E9 - Tribally administered Temporary Assistance to Needy Families (TTANF)

E10 - Food Distribution Program on Indian Reservations (FDPIR)

E11 - Head Start (income based criteria only)

E13 - Eligibility Based on Income (see Section C)

E15 - VA Pension or Survivors Pension Benefit

**IF THE PARENT QUALIFIES FOR THE BENEFITS DUE TO A MINOR CHILD, THEN MINORS’ INFO IS NEEDED AS THE “BENEFITS QUALIFYING PERSON”**

Minor’s First and Last Name	Date of Birth	Last 4 Digits of Social Security Number

**C. INCOME-BASED ELIGIBILITY**

Calculate **TOTAL** household income by reporting the income of all adult persons residing in your home in the appropriate category:

Income Source	Amount	Household Size	Yearly Income (AK)
Prior year’s State, Federal or Tribal tax return OR Social Security; Retirement income		You must Circle One	@ 135 % of Federal Poverty Guidelines
Alimony or Child Support		1	\$20,331
Wages		2	\$27,392
Bureau of Indian Affairs General Assistance		3	\$34,452
Unemployment; Worker’s Compensation		4	\$41,513
If you have more than 4 people in your household, write the number and add \$7,061 for each additional person.		_____	

**You must attach proof of income as reported above, examples include:**

- Prior year’s State, Federal or Tribal tax return OR
  - **Three consecutive months’** worth of your most current pay stubs from all employers
  - Most recent statement from each type of current income source(s) noted
  - Social Security statement of benefits
  - Veterans Administration statement of benefits
  - Retirement/Pension statement of benefits
  - Unemployment/Workmen’s Compensation statement of benefits
  - Child Support documentation
  - Federal or Tribal notice letter of participation in Bureau of Indian Affairs General Assistance OR Divorce Decree
- (Documentation will NOT be returned)**

**D. SIGNATURE (This section must be filled out completely)**

Please read the following statements, initial by each sentence, and sign below. [Disclosure Statement: Perjury and false statements are punishable by fine and/or imprisonment under Title 18 of the U.S. Code.]

By signing below, I certify under penalty of perjury, to each and every one of the following:

- \_\_\_\_ 1. I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in 47 C.F.R. Section 54.409. I have provided documentation of eligibility;
- \_\_\_\_ 2. I will notify the carrier **within 30 days** if, for any reason, I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;
- \_\_\_\_ 3. If I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, I live on Tribal lands, as defined in 47 C.F.R. Section 54.400(e);
- \_\_\_\_ 4. If I move to a new address, I will provide that new address to the telephone company **within 30 days**;
- \_\_\_\_ 5. If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address **every 90 days**;
- \_\_\_\_ 6. My household will receive only one (1) Lifeline service, and, to the best of my knowledge, my household is not already receiving a Lifeline service;
- \_\_\_\_ 7. I acknowledge that I will be required to re-certify my continued eligibility for Lifeline annually, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. Section 54.405(e)(4);
- \_\_\_\_ 8. I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and
- \_\_\_\_ 9. The information contained in the application and certification form is true and correct to the best of my knowledge.
- \_\_\_\_ 10. I acknowledge that information from this certification will be given to USAC and/or its agents for purpose of verifying that my household does not receive more than one benefit.
- \_\_\_\_ 11. I acknowledge that Lifeline Service is Non-Transferable.
- \_\_\_\_ 12. I will notify the carrier if my wireless phone is lost or stolen or if for any reason I am unable to use my phone during the past 30 days.



**Do you or does anyone in your household have any disabilities that may inhibit access to service offerings?**

If yes, please explain: \_\_\_\_\_

X \_\_\_\_\_  
*Customer Signature*

\_\_\_\_\_  
*Date*

X \_\_\_\_\_  
*Printed Name*