

LIFELINE ENROLLMENT FORM



PLEASE FILL OUT THE FOLLOWING INFORMATION COMPLETELY AND LEGIBLY WITH BLACK INK.

SUBSCRIBER NAME & IDENTIFICATION

Last Name: _____ Date of Birth: _____ Last 4 Digits of SS or Full Tribal ID: _____
First Name: _____ Middle Initial: _____

SUBSCRIBER ADDRESS

Residential Address (No PO Boxes, must be your physical/911 address):
Street Address: _____
Name of Apt. Complex/Multi Resident Facility: _____
Apt. No.: _____ Multi Resident Facility Room/Bed No.: _____
City: _____ State: _____ Zip Code: _____

SUBSCRIBER SERVICE INFORMATION

Phone Number: _____ Alternate Phone Number: _____
E-mail Address: _____
Service Type: Voice Broadband Voice & Broadband
I reside on Tribal Lands: Yes No This address is Permanent Temporary Multi-household

ELIGIBILITY

QUALIFYING BENEFICIARY (Complete if you or a dependent in your household is receiving benefits from one or more of the programs listed below or person whose household income is at or below 135% of national poverty level.)

First Name: _____ MI: _____ Last Name: _____

PLEASE CHECK ONE AND PRESENT DOCUMENTATION PROVING PROGRAM PARTICIPATION:

OR

- Medicaid
- Supplemental Nutrition Assistance Program (Food Stamps or SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (Section 8)
- Bureau of Indian Affairs General Assistance
- Tribally- Administered Temporary Assistance to Needy Families (TTANF)
- Food Distribution Program on Indian Reservations (FDPIR)
- Tribal Head Start
- Veterans Pension or Survivors Pension

HOUSEHOLD INCOME QUALIFICATION:

How many people are in your household? _____
Qualifying income based on number of persons in household:
(1) \$16,281 (2) \$21,924
(3) \$27,567 (4) \$33,210
(5) \$38,853 (Add \$5,643 for each additional person.)

To qualify based on your income you must provide copies of one or more of the documents listed below:
3 Months Consecutive Paystubs
Unemployment/Workers Compensation Benefits Statement
Retirement/Pension Benefit Statement
Prior Year's State, Federal or Tribal Tax Return
Social Security Benefits Statement
Divorce Decree or Child Support Document
Veterans Administration Benefits Statement

CERTIFICATIONS

BY INITIALING EACH STATEMENT BELOW YOU AGREE AND ACKNOWLEDGE UNDER PENALTY OF PERJURY THAT:

- _____ I understand that Lifeline is a federal government benefit program and that only one qualified person may participate in the program and I may be punished if I knowingly provide false or untrue information to receive Lifeline. Punishment may include being fined, imprisoned, or barred from the Lifeline program.
- _____ I understand that Lifeline is only available for one benefit per household, whether landline or wireless. To the best of my knowledge no one in my household is receiving Lifeline benefits (Note: Please complete HOUSEHOLD WORKSHEET section if you live in a multiple dwelling facility).
- _____ I certify that I am at least 18 years of age and not currently receiving a Lifeline Program service from any other landline or wireless company. I understand that any violation of the one benefit per household limitation will result in de-enrollment from the Lifeline program and may be punished by fine or imprisonment.
- _____ I understand that I will be required to recertify my eligibility for Lifeline service at least annually, and that failure to do so will result in termination of Lifeline benefits. I will notify 3 Rivers immediately if I no longer qualify.
- _____ I will not transfer my service to any other individual, including another eligible low-income consumer and I will notify 3 Rivers within thirty (30) days if: my home address changes; I, or the eligible person in my household no longer meets the program or income eligibility criteria; my household receives more than one Lifeline discounted benefit, or my household, for any reason, no longer meets the criteria to receive Lifeline support. I understand failure to provide such notification will result in de-enrollment from the program.
- _____ I understand that completion of this application and provision of documentation does not constitute immediate approval for Lifeline services.
- _____ I give 3 Rivers permission to release to the Universal Service Administrative Company (USAC) (the administrator of the program) and/or its agents any records required to confirm that my household only receives one Lifeline benefit.
- _____ **(For Tribal Residents only)** I certify that I reside on a federally recognized Tribal Land as defined by the FCC.

HOUSEHOLD WORKSHEET

Only ONE Lifeline service may be obtained per household. "Household" is defined as any individual or group of individuals who live together at the same address as one economic unit. An "economic unit" is defined as "all adult individuals contributing to and sharing in the income and expenses of a household." Lifeline support is available to eligible low-income consumers living in group-living facilities. As a Lifeline applicant, you must demonstrate that any other Lifeline recipients residing at your residential address are part of a separate household. If there are multiple unique households at your address, as defined in this program, please also complete and submit the Household Section below.

For example, if you live in an apartment building, in a nursing home, or in another type of multi-dwelling facility. This will assist us in being able to respond promptly to your request for Lifeline benefits. Answer the questions below to determine whether there is more than one household residing at your address.

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted benefit? (Check no if you do not have a spouse or partner) YES NO
▶ If you checked YES, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
▶ If you checked NO, please answer question #2.
2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?
A parent YES NO An adult son or daughter YES NO
Another adult relative (such as sibling, aunt, cousin, grandparent, grandchild, etc.) YES NO
An adult roommate YES NO Other YES NO
▶ If you checked NO for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
▶ If you checked YES, please answer question #3.
3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? YES NO
▶ If you checked NO, then your address includes more than one household. Please initial lines A and B below, and sign and date the worksheet.
▶ If you checked YES, then your address includes only one household, please answer question #4.
4. Do any of the adults listed in question #2 already receive a Lifeline-discounted benefit? YES NO
▶ If you checked NO, please initial line B below, and sign and date the worksheet.
▶ If you checked YES, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.

HOUSEHOLD CERTIFICATION

(To be completed only if you live in a group living facilities or if there is more than one household living at your address.)

BY INITIALING EACH STATEMENT BELOW YOU AGREE AND ACKNOWLEDGE UNDER PENALTY OF PERJURY THAT:

- A. _____ I certify that I live at an address occupied by multiple households.
- B. _____ I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

By signing below I am certifying that all information contained on this form and in my documentation is true and correct. I understand that if I knowingly provide false information in order to obtain Lifeline benefits that I will be guilty of perjury, which is punishable by fines or imprisonment up to five years.

Signature: _____ Date: _____

Submit your completed form and your supporting documentation using one of the following methods:

Mail: 3 Rivers Telephone Cooperative, Inc.
PO Box 489, Fairfield, MT 59436

Fax: 406-467-3490

Email: 3rt@3rivers.net

For more information on Lifeline go to 3rivers.net

FOR OFFICE USE ONLY

Type of Document: _____

Date or expiration date of doc: _____

Date reviewed: _____ CSSR: _____

In person, by fax, mail, or electronically

Name on Document: _____

Relationship: _____

OFFICIAL USE ONLY (2017)

Date Form and Document Received: _____