

**Copper Valley Wireless**

P.O. Box 337, Valdez, AK 99686  
**Phone:** 907-835-2231, 907-822-3551,  
 1-800-478-6612

**Fax:** 907-835-2387  
 Offices located at 329 Fairbanks Street, Valdez &  
 Mile 188.5 Glenn Hwy, Glennallen

**APPLICATION FOR LIFELINE AND LINKUP SUPPORT**

**LAST NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_

**PHYSICAL ADDRESS** \_\_\_\_\_ **MAILING ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_ **DATE OF APPLICATION** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

\_\_\_\_ I currently receive monthly assistance for another telephone (land line OR cellular). (Note: Lifeline assistance may only be applied to one phone line at your principal household).

\_\_\_\_ I authorize CVW to remove lifeline benefits from the following Copper Valley Telephone number: \_\_\_\_\_

**PART A: PROGRAM BASED CRITERIA**

A customer is eligible to participate in the Enhanced Lifeline program, a federal benefit, if the customer is receiving benefits from one of the following programs. Please check the appropriate circle for the program you are receiving assistance from. For Head Start and National School Lunch Program, at least one household member must participate to meet Lifeline eligibility requirements (household is defined as "any individual or group of people who are living together at the same address as one economic unit):

- |   |   |  |
|---|---|--|
| <input type="radio"/> Medicaid                                  | <input type="radio"/> Bureau of Indian Affairs General Assistance                         | <input type="radio"/> Alaska Temporary Assistance Program  |
| <input type="radio"/> Food Stamps                               | <input type="radio"/> Tribally-Administered Temporary Assistance for Needy Families       | <input type="radio"/> Alaska Adult Public Assistance Program   |
| <input type="radio"/> Supplemental Security Income              | <input type="radio"/> Head Start Programs (only those meeting income qualifying standard) | <input type="radio"/> Another "means test" social service program administered by state or federal government. Identify program: _____ |
| <input type="radio"/> Federal Public Housing Assistance         | <input type="radio"/> National School Lunch Program (free meals program only)             |  |
| <input type="radio"/> Low Income Home Energy Assistance Program |   |  |

-OR-

**PART B: INCOME BASED CRITERIA**

A customer is eligible to participate in the Enhanced Lifeline program, a federal benefit, if the customer lives in a household with income at or below 135% percent of the applicable federal poverty guidelines for the State of Alaska (see below for current guidelines).

Please complete the following information.

- Number of individuals in applicant's household \_\_\_\_\_
- Annual (12 months) Household income \$ \_\_\_\_\_
- I qualify for LIFELINE/LINKUP programs based on the following guidelines: Yes \_\_\_\_\_ No \_\_\_\_\_

Persons in Household	Income with 135% of AK Poverty Guidelines	Persons in Household	Income with 135% of AK Poverty Guidelines
1	\$18,860	5	\$45,590
2	\$25,542	6	\$52,272
3	\$32,225	7	\$58,955
4	\$38,907	8	\$65,637
		For each additional person, add:	\$6,683

- Attach proof of income as reported above. The following may be used to document income:
 

<input type="checkbox"/> Previous year's federal tax return	<input type="checkbox"/> A retirement or pension statement of benefits	<input type="checkbox"/> Federal or tribal notice letter of participation in general assistance
<input type="checkbox"/> A current income statement or paycheck from an employer	<input type="checkbox"/> Unemployment or Workers' compensation statements	<input type="checkbox"/> Divorce decree or child support document
<input type="checkbox"/> A statement of benefits from the U.S. Social Security Administration or U.S. Dept. of Veterans Affairs		<input type="checkbox"/> Any other official document issued by a provider of income to document that income.

\*if documentation does not cover a full year, documentation must cover at least three consecutive months in a current calendar year.

CSR CERTIFICATION: I \_\_\_\_\_ HAVE REVIEWED THE DOCUMENTS PROVING ELIGIBILITY ON \_\_\_\_\_

**PLEASE SEE REVERSE FOR MORE INFORMATION**

I \_\_\_\_\_ understand that I will be responsible for any charges resulting from my decision to DECLINE toll restriction on this account. Charges could include airtime overages, roaming, and/or toll (long distance) charges.

I \_\_\_\_\_ would like to have toll restriction added to my wireless account. Therefore, I am opting for the local only calling plan. This means I will not be able to place calls to or from locations outside the CVW service area.

### CERTIFICATION & RELEASE FROM APPLICANT

I certify under the penalty of perjury that:

A) the location for which the LIFELINE/Linkup credit is applied is my principal place of residence;

B) I am either receiving benefits from the program/s checked above **OR** I qualify based on the Income-Based Criteria shown above and the documentation I am submitting accurately shows my total household income or my participation in the program; and

C) that I will immediately notify Copper Valley Telephone if I stop participating in the program listed above or my income exceeds the 135% threshold; and

D) I am the head of household and only receive Lifeline supported service from this carrier;

E) I will notify CVW immediately if my physical address changes.

I understand that information and documentation that I provide is subject to audit by the Administrator of the U.S.F. fund.

Printed Name of Customer \_\_\_\_\_ Signature of Customer \_\_\_\_\_ Date \_\_\_\_\_