

Copper Valley Wireless

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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 line (land line OR cellular). (*Note: Lifeline assistance may only be applied to one phone line at your principal residence.*)

___ I authorize CVW to request the removal of 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 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:

- | | | |
|---|---|--|
| <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 | | |

PART B: INCOME BASED CRITERIA

A customer is eligible to participate in the Enhanced Lifeline program 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	\$17,550.00	5	\$41,850.00
2	\$23,625.00	6	\$47,925.00
3	\$29,700.00	7	\$54,000.00
4	\$35,775.00	8	\$60,075.00
		For each additional person, add:	\$6,075.00

4. Attach proof of income as reported above. The following may be used to document income:
- | | | |
|---|---|---|
| <ul style="list-style-type: none"> ▪ Previous year's federal tax return ▪ A current income statement or paycheck from an employer ▪ A statement of benefits from the U.S. Social Security Administration or U.S. Dept. of Veterans Affairs | <ul style="list-style-type: none"> ▪ A retirement or pension statement of benefits ▪ Unemployment or Workers' compensation statements | <ul style="list-style-type: none"> ▪ Federal or tribal notice letter of participation in general assistance ▪ Divorce decree or child support document ▪ 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.

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