



Lifeline Application & Certification

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Lifeline Information

Lifeline is a Federal benefit that enables qualified low-income consumers to receive discounted service on either a wireless or landline phone. Lifeline is administered by the Universal Service Administrative Company (USAC), a not-for-profit corporation under the oversight of the Federal Communications Commission (FCC).

To be eligible for Lifeline benefits you must meet certain income based qualifications or participate in at least one qualified federal assistance program. Lifeline is available for one line per household, either a wireless or a landline phone, not both. A household is defined as "any individual or group of individuals who live together at the same address and share income and expenses as an economic unit". Households are not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household requirement constitutes a violation of the FCC's rules and will result in de-enrollment from the program and potential prosecution by the United States government.

Lifeline Eligibility

Only eligible consumers may enroll in the program. To qualify for Lifeline service, an applicant may be eligible in one of two ways:

1. An applicant's annual household income is at or below 135% of the applicable federal poverty guidelines for Alaska for a household of that size; or,
2. An applicant participates and receives benefits in one of the public assistance programs that have been approved by the Federal Communications Commission or the Regulatory Commission of Alaska.

Federal Poverty Guidelines (HHS 2/2016)		State and Federal Assistance Programs (check all that apply)			
Size of Household	Household Income (at or below)	Alaska Adult Public Assistance Program	Alaska State Housing Corporation Programs	Alaska Temporary Assistance Program	
1	\$20,034	BIA (Bureau of Indian Affairs) Gen. Assistance Program	Child Care Assistance Program	Denali Kid Care	
2	\$27,027	Federal Public Housing Assistance Program	Head Start Program-Qualifying under low income criteria	Home Investment Partnership Program	
3	\$34,020	Interest Rate Reduction for Low Income Borrowers	Low Income Home Energy Assistance Program	Low Income Housing Tax Credit Program	
4	\$41,013	Medicaid	National School Lunch Program's FREE Lunches	Pioneer Home Payment Assistance	
5	\$48,006	Senior Care	Senior Citizen Housing Development Fund	State of Alaska Heating Assistance Program	
6	\$54,972	State of Alaska Senior Benefits Program	Supplemental Nutrition Assistance Program (SNAP)	Supplemental Security Income (SSI)	
7	\$61,992	Temporary Assistance for Needy Families (TANF)	Veterans Administration (VA) Disability Pension	(WIC) Women, Infants and Children's Program	
8	\$69,012	<i>Or receives benefits from another social services assistance program that (a) uses an income-based means test to determine eligibility for benefits, or (b) is administered by the state or federal government.</i>			
each add'l person add \$7,020					

PLEASE NOTE: Proof of program participation must be submitted with any application for Lifeline Service based on participation in one of these programs. Acceptable documentation includes: (I) current or prior year's statement of benefits from a qualifying program; (II) a notice or letter of participation in a qualifying program; (III) program participation documents; or (IV) another official document demonstrating that the customer, one or more of the customers' dependents or the customer's household receives benefits from a qualifying assistance program. To qualify on the basis of annual household income, the applicant must provide proof of income eligibility that meets the household income criteria for Alaska. If the documentation presented does not cover a full year, such as current pay stubs, the documentation must cover at least three consecutive months within the previous twelve months.

Applicant Information

Name			Phone Number	
	(FIRST)	(MIDDLE)	(LAST)	
Date of Birth			Last 4 digits of SSN	
Physical Address				Check here if this is your permanent address _____
Mailing Address				
Number of people in Household				
Household=everyone residing at the same physical address and sharing income and household expenses regardless if they are related.				
Qualifying Program(s) or Income level				
Transferring Lifeline Benefits?	YES / NO (circle one)			

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

- I have read the information on this certification form and understand that I must meet the qualifications listed on this form to receive assistance from this program.
- I understand that willfully providing false or fraudulent information to receive a Lifeline benefit is punishable by law.
- I understand that Lifeline is a government benefit program and willfully making false statements in order to obtain that benefit can be punished by fine or imprisonment, or that I can be barred from the program.
- I agree to provide documentation of my eligibility, when required to do so.
- By participating in this government program, I agree to provide my personal information to the national database. I understand that failure to comply will deny me the Lifeline benefit.
- I certify that my household is receiving no more than one Lifeline-supported service and understand that violation of this requirement will result in de-enrollment from the program and could result in criminal prosecution.
- I understand that I may not transfer my service to any other individual.
- I acknowledge that I may be required to re-certify my eligibility for Lifeline at any time and failure to re-certify my continued eligibility will result in de-enrollment and termination of Lifeline benefits.
- I understand that I must notify KPU Telecommunications within 30 days if I no longer qualify for Lifeline service and may be subject to penalties if I fail to do so.
- If I move to a new address, I agree to provide my new address to KPU Telecommunications within 30 days.
- I understand completion of this certification form does not constitute immediate acceptance into this program.

Signature: _____

Date: _____

Service Provider Use only CS Rep: _____ Qualifying Persons Name: _____

Phone # for service: _____ Effective Date: _____ Database Entry Date: _____

Documentation Provided: _____