

HOPI TELECOMMUNICATIONS, INC. LIFELINE FORM

Initial Lifeline Application (must include proof of eligibility)

Annual Lifeline Recertification

Please complete the form below. You must give proof of eligibility with your initial application. Choose **ONE** service to apply the Lifeline discount (check with provider for availability): Telephone Internet

If you have a Lifeline discount with another company, do you give Hopi Telecommunications, Inc. permission to transfer the Lifeline service? If you answer yes, you will lose the discount with the other company. If you answer no, you may not receive Lifeline on this account.

Yes, transfer my Lifeline Service No, do not transfer my Lifeline Service I do not currently have Lifeline

Applicant Name		Phone Number		
Date of Birth		Last 4 digits of SS # or Tribal ID #.		
Email address:				
Residential Address (No PO Box)	Street	City	State	Zip Code
Permanent Address? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Billing Address (If different)	Street	City	State	Zip Code
Name of eligible person	Date of birth		/	
Relationship to Applicant	Last 4 digits of Social Security #			
Is this address occupied by multiple households? (If yes, complete Lifeline Household Worksheet on Page 2)		<input type="radio"/> Yes <input type="radio"/> No		
<i>Initial each box</i>	I certify, under penalty of perjury, that			
	my dependent, or someone else in my household receives assistance from at least one of the programs listed below; or that my household income is at or below 135% of the Federal Poverty Guidelines and that I have provided proof of eligibility with my application. <input type="checkbox"/> Bureau of Indian Affairs General Assistance <input type="checkbox"/> Federal Public Housing Assistance/Section 8 <input type="checkbox"/> Medicaid <input type="checkbox"/> Head Start (income eligible) <input type="checkbox"/> Veteran's Pension or Survivor's Pension benefit <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Supplemental Nutrition Assistance Program (Food Stamps) <input type="checkbox"/> Tribal Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Federal/State Food Distribution OR <input type="checkbox"/> Income (based on guidelines below)			
	2018 135% of the Federal Poverty Guidelines (annual household income before tax)			
	<input type="checkbox"/> 1 person up to \$16,389 per year <input type="checkbox"/> 2 people up to \$22,221 <input type="checkbox"/> 3 people up to \$28,053 <input type="checkbox"/> 4 people up to \$33,885 <input type="checkbox"/> 5 people up to \$39,717 <input type="checkbox"/> 6 people up to \$45,549 <input type="checkbox"/> 7 people up to \$51,381 <input type="checkbox"/> 8 people up to \$57,213 More than 8 people – add \$5,832 for each extra person.			
	I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, that I live on Tribal lands, as defined by federal law.			
	My household receives only one Lifeline discounted telephone or broadband service, and to the best of my knowledge, no one in my household receives Lifeline from another telephone company.			
	I must notify Hopi Telecommunications, Inc. within 30 days if I move to a new address;			
	I will notify the carrier within 30 days, if I or the eligible person in my household stops participating in the qualifying program checked above, or if my household income exceeds 135% of the federal poverty guidelines			
	I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law;			
	I acknowledge that I may be required to recertify at any time to continue eligibility for Lifeline and my failure to recertify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.			
By signing below, I certify under penalty of perjury, that the above information is true and correct to the best of my knowledge.				
Signature			Date	

Send the completed form and proof of eligibility to: PO Box 125 Keams Canyon, AZ 86034 FAX: 928-738-0097

Lifeline is a federal benefit that makes monthly telephone or broadband service more affordable for eligible households. Your household may receive Lifeline on one **home OR wireless phone, or broadband service (home or wireless) but not both**. Your household may not receive the Lifeline benefit from more than one telephone company. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income or expenses. You may not transfer your Lifeline discount to another person, even if he or she is eligible. You may lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive Lifeline.

For Office Use Only: Documentation reviewed: Income Program Type _____ Reviewed by: _____

Approved Denied, reason _____ Date Approved/Denied _____ Lifeline Household Worksheet? Yes No