

## HOPI TELECOMMUNICATIONS, INC. LIFELINE INITIAL ENROLLMENT FORM

Lifeline is a federal benefit that makes monthly telephone service more affordable for eligible households. Your household may receive Lifeline on **one wireless OR one home telephone, 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.

Please complete the form below. You must give proof of eligibility with your application. **Send the completed the form and proof of eligibility to: PO Box 125 Keams Canyon, AZ 86034 FAX: 928-738-0097**

Applicant Name		Phone Number																	
Date of Birth		Last 4 digits of SSN																	
Residential Address (No PO Box)	<div style="border: 1px solid black; padding: 5px;"> <b>Permanent Address?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No         </div>																		
<b>Billing Address</b> (If applicable)	Street	City	State    Zip Code																
<i>Initial here</i>	I give Hopi Telecommunications, Inc. permission to give my name, telephone number, and address to the Universal Service Administrative Company (USAC) or its agent to confirm that my household only receives one Lifeline benefit. If USAC finds that my household receives more than one Lifeline benefit, USAC will notify the telephone companies, and I will have to select one service and I will be de-enrolled from the other.																		
<input type="checkbox"/> <b>I certify that I, my dependent, or someone else in my household receives assistance from at least one of the programs listed below and that I have provided proof of eligibility with my application.</b> <i>(Please check all that apply)</i> <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"/> Supplemental Security Income (SSI) <input type="checkbox"/> Supplemental Nutrition Assistance Program (Food Stamps) <input type="checkbox"/> Veteran's Pension <input type="checkbox"/> Survivor's Pension benefit <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Tribal TANF Name of eligible person _____ D.O.B & Last four of Social Security #: _____ / _____																			
<input type="checkbox"/> <b>OR, I certify that my household income is at or below 135% of the Federal Poverty Guidelines</b>  Number of people in your household <input style="width: 50px;" type="text"/>		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Household Size</th> <th>Total Income</th> <th>Household Size</th> <th>Total Income</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$16,281</td> <td>3</td> <td>\$27,567</td> </tr> <tr> <td>2</td> <td>\$21,924</td> <td>4</td> <td>\$33,210</td> </tr> <tr> <td colspan="4">Add \$5,643 for each additional person</td> </tr> </tbody> </table>		Household Size	Total Income	Household Size	Total Income	1	\$16,281	3	\$27,567	2	\$21,924	4	\$33,210	Add \$5,643 for each additional person			
Household Size	Total Income	Household Size	Total Income																
1	\$16,281	3	\$27,567																
2	\$21,924	4	\$33,210																
Add \$5,643 for each additional person																			
<i>Initial each box</i>	<b>I certify, under penalty of perjury, that:</b> I live on federal- recognized Tribal lands. My household receives only one Lifeline-supported service, and to the best of my knowledge, no one in my household receives Lifeline from another telephone company. I understand that I must notify Hopi Telecommunications, Inc. within 30 days: (1)if I move to a new address; (2) 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; 3) if my household receives more than one Lifeline discounted telephone; or 4) if my household, for any reason, no longer meets the criteria to receive Lifeline support. I understand that I may be penalized for failing to make the above notifications.																		
<b>By signing below, I certify under penalty of perjury, that the above information is true to the best of my knowledge. I understand that Lifeline is a government 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.</b>																			
Signature		Date																	
<i>Initial here</i>	<b>I understand that I must recertify my Lifeline eligibility every year and that I will lose my Lifeline benefit if I do not recertify each year.</b>																		