



LIFELINE ASSISTANCE APPLICATION & CERTIFICATION FORM

(front)

PLEASE PRINT OR TYPE AND RESPOND COMPLETELY. Incomplete and/or inaccurate responses may cause your application to be rejected. Only one Lifeline discount is allowed per household. Under federal law, WRT is required to access the FCC's National Lifeline Accountability Database to verify if a customer is currently receiving Lifeline, as well as provide information to the database regarding new Lifeline subscribers.

Initial Lifeline Application (Must include proof of eligibility.) Annual Lifeline Recertification (must be returned within 60 days)

Initial Application Only: If you have Lifeline (free or reduced phone service) with another company, do you give West River Telecom permission to transfer the lifeline service? You will lose the discount with the other company.

Yes, transfer my Lifeline Services No, do not transfer my Lifeline Services I do not currently have Lifeline with another company

Applicant Information

First Name: _____ Middle Initial: _____ Last Name: _____

Telephone Number: _____ Date of Birth: _____

Service Location Address: _____

City: _____ State: _____ Zip: _____

Billing Address (if different from Service Address/PO Boxes allowed) _____

Last 4 digits of Social Security Number **OR** Tribal Identification Number: _____

PLEASE CHECK programs in which you or your household currently participate & **ATTACH A COPY OF ELIGIBILITY DOCUMENTATION** (check all that apply)

- Medicaid
- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing Assistance (Section 8)
- Head Start (if income criteria are met)*
- Tribally-Administered Temporary Assistance for Needy Families (TTANF)
- Bureau of Indian Affairs General Assistance
- Food Distribution Program on Indian Reservations
- Veterans and Survivors Pension Benefit

Household income is at or below 135% of the Federal Income Guidelines. (PLEASE CHECK number of Household Members)

Number in Household	If your TOTAL Yearly Household Income is AT OR BELOW the amounts listed, which are:
<input type="checkbox"/> 1	\$16,281
<input type="checkbox"/> 2	\$21,924
<input type="checkbox"/> 3	\$27,567
<input type="checkbox"/> 4	\$33,210
<input type="checkbox"/> 5	\$38,853
<input type="checkbox"/> 6	\$44,496
<input type="checkbox"/> 7	\$50,139
<input type="checkbox"/> 8	\$55,782
<input type="checkbox"/> ** _____	**For each additional household member add \$5,643. Include total number of members

Eligible Person's Information:

*If you are applying for assistance because a member of your household BESIDES YOU participates in one of these programs, and the eligible person reads and agrees with the information listed on this form, please complete the information below:

First Name: _____ Last Name: _____

Date of Birth: _____ Relationship to Applicant: _____

Last 4 digits of Social Security Number **OR** Tribal Identification Number: _____

Signature of Eligible Applicant & Date: _____

PLEASE READ THE FOLLOWING INFORMATION ABOUT THE LIFELINE PROGRAM PRIOT TO COMPLETING THE NEXT PAGE:

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- ONLY ONE Lifeline service is available per household. A household is defined for the purposed of the Lifeline program as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is NOT permitted to receive Lifeline assistance from multiple telephone service providers. This includes both wireline and wireless providers. Violation of the one-per-household constitutes a violation of the Federal Communications Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US Government.
- Lifeline is a nontransferable benefit and the subscriber may not transfer his/her benefit to any other person.

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION FORM FOR ELIGIBILITY



LIFELINE ASSISTANCE APPLICATION & CERTIFICATION FORM *(back)*

THE FOLLOWING CERTIFICATIONS HAVE BEEN CHECK-MARKED AND MUST BE READ IN ORDER TO RECEIVE ASSISTANCE. FAILURE TO ACKNOWLEDGE AND SIGN BELOW WILL RESULT IN REJECTION OF YOUR APPLICATION FORM

I CERTIFY, UNDER THE PENALTY OF PERJURY, TO EACH OF THE CHECKED BOXES AS MARKED:

I CERTIFY, UNDER THE PENALTY OF PERJURY, THAT:



I understand and consent to West River Telecom (WRT) providing my Lifeline service account information, including but not limited to, my name, residential address, date of birth, last 4 digits of my social security number or tribal identification number, telephone number associated with Link-Up support (if applicable) and the date on which my Lifeline service was initiated/terminated, the amount of support provided, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents &/or the National Lifeline Accountability Database to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, WRT will deny me Lifeline service.



I understand that if I am identified as receiving more than one Lifeline benefit, all telephone service providers involved may be notified so that I may select one service and be de-enrolled from the other(s).



My household meets the income-based eligibility or program-based criteria for receiving assistance, as noted in this form and provided in 47 C.F.R. § 54.409. I have provided documentation of eligibility if required to do so.



I will notify WRT within 30 days if for any reason my household no longer satisfies the criteria for receiving Lifeline including, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, if I am receiving more than one Lifeline benefit, if another member of my household is receiving a Lifeline benefit, or for any other reason, my household no longer satisfies the criteria for receiving Lifeline support. Failure to notify WRT may result in penalties and de-enrollment from the program.



If I move to a new address, I will provide that new address to WRT within 30 days. If I provided a temporary residential address to WRT, I will be required to verify my address every 90 days.



If I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, I live on Tribal lands, as defined in 47 C.F.R § 54.400(e).



I understand that only one Lifeline service benefit is available per household. To the best of my knowledge, my household is not already receiving a Lifeline service.



I understand that my WRT Lifeline service is not transferable. I may not transfer my service to any individual, including another eligible low-income consumer.



I understand that I may be required to re-certify my household's eligibility for Lifeline assistance at any time, and if I fail to re-certify as to my continued eligibility, it will result in de-enrollment and the termination of my household's Lifeline assistance.



I understand that providing false or fraudulent information to receive Lifeline benefits is punishable by law.



The information contained in this application and certification form is true and correct to the best of my knowledge.



I CERTIFY TO ALL THE STATEMENTS LISTED AND CHECK-MARKED ABOVE:

LIFELINE ASSISTANCE APPLICANT SIGNATURE: _____

Application must be signed by the WRT account holder listed at the top of this form/page 1:

DATE: _____

WRT 2015.4.6.b

PLEASE MAIL THIS COMPLETED APPLICATION AND ANY SUPPORT REQUIRED DOCUMENTS TO: *(do not send original documents as they will be destroyed)*

West River Telecom • PO Box 467 • Hazen, ND 58545

Phone: 701.748.2211 • Email: WRT@westriv.com • Website: www.westriv.com

<small>FOR WRT OFFICE USE ONLY</small>	
Rec'd: _____	CSR: _____
SO#: _____	Lifeline: _____
Tribal: Y or N	

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION FORM FOR ELIGIBILITY