



LIFELINE ASSISTANCE

From Inland Telephone Company Do you qualify for discounted monthly telephone service?

Lifeline Discounts

Inland Telephone Company (d/b/a Inland Networks) customers may be eligible to currently save \$9.25 per month through the Federal Lifeline Program and, for Idaho residents, an additional \$2.50 per month through the Idaho Telecommunications Service Assistance Program (ITSAP), administered through the Community Action Partnership Association of Idaho (CAPAI).

Qualifying for Federal Lifeline

Customers may qualify for Federal Lifeline assistance if they are currently participating in one or more of the following assistance programs:

- Medicaid
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (FPHA)
- Supplemental Nutrition Assistance Program (SNAP)(Food Stamps)
- Veterans Pension and Survivors Benefit

Additionally, customers may qualify for Federal Lifeline if their total household income is at or below 135% of the Federal Poverty Guideline (Income Eligibility).

Customers who are also residents of federally recognized Tribal Lands may qualify for additional Federal Lifeline support of up to \$25 per month and may qualify for Lifeline under the assistance programs listed above or if they currently participate in one or more of the following assistance programs:

- Bureau of Indian Affairs General Assistance
- Tribally Administered Temporary Assistance for Needy Families (TTANF)
- Head Start (must satisfy income qualifying standard)
- Food Distribution Program on Indian Reservations (FDPIR)

Signing-Up for Lifeline Service

If you believe that you may qualify for Federal assistance, you must complete an application that

can be obtained from a Customer Service Representative at 1-800-462-4578.

For State assistance, Inland Telephone Company still asks that you complete an application however, for State assistance please contact the applicable State agency; CAPAI for Idaho residents.

Additional Information

For additional information about the Federal Lifeline program, please visit www.usac.org/li.

Important Information

Lifeline assistance is a government assistance program that provides only eligible consumers with discounted service that is non-transferable and is available for **only one discount per household**. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals living at the same address that share income and expenses. The Lifeline assistance is only available in areas where the company has Eligible Telecommunications Carrier status. The Federal Communications Commission has mandated that all recipients of Federal Lifeline certify their eligibility annually.

“Your Hometown Connection”
(an Inland Networks Family Company)

INLAND TELEPHONE COMPANY

103 S. 2ND Street
P.O. Box 171
Roslyn, WA 98941

(509) 649-2211; (800) 462-4578
Fax: (509) 649-2555
Email: custserv@inlandnet.com

CERTIFICATION BY CUSTOMER IN ORDER TO RECEIVE FEDERAL LIFELINE SUPPORT

Please respond completely. **Inaccurate or incomplete responses may cause your application to be rejected.** Information provided should be that of the **account holder**.

Customer Name: _____ Telephone Number: _____

Service Address: _____ City: _____ State: _____

Billing Address: _____ City: _____ State: _____

Last 4 Digits of Social Security Number: _____ Date of Birth: _____

If I qualify for Federal Lifeline Support, I would like the Lifeline Support to be applied to my (Please select one):

- Telephone Service
- Internet Service (Must subscribe to at least a 10/1 service level)

INCOME ELIGIBILITY (DOCUMENTATION REQUIRED)

I certify that my household income is at or below 135% of the federal poverty guidelines and therefore I qualify for Lifeline Support under the federal income requirements and have provided proof of my qualifications.

PLEASE CHECK the corresponding box for the number of household members.

<input type="checkbox"/>	1	\$16,281	<input type="checkbox"/>	5	\$38,853	
<input type="checkbox"/>	2	\$21,924	<input type="checkbox"/>	6	\$44,496	
<input type="checkbox"/>	3	\$27,567	<input type="checkbox"/>	7	\$50,139	
<input type="checkbox"/>	4	\$33,210	<input type="checkbox"/>	8	\$55,782	
	For each additional household member add		<input type="checkbox"/>	#	\$5,643	# of Additional: _____

NOTE: THE ABOVE AMOUNTS ARE 2017 FEDERAL POVERTY LEVELS; SUBJECT TO CHANGE ANNUALLY.

FEDERAL PROGRAM ELIGIBILITY (DOCUMENTATION REQUIRED)

I certify that I qualify for Lifeline Support and am currently participating in one or more of the programs listed that I have checked below and am providing a copy of my benefit or program participation card or award letter. (Please check all applicable boxes)

- Supplemental Nutrition Assistance Program (SNAP)(f/k/a Food Stamps)
- Medicaid
- Federal Public Housing Assistance (FPHA)
- Veterans Pension and Survivors Benefit
- Supplemental Security Income (SSI)

TRIBAL LIFELINE ELIGIBILITY (DOCUMENTATION REQUIRED)

I certify that I qualify for tribal Lifeline Support, as I reside on land that meets the Bureau of Indian Affairs definition of "reservation" (any federally recognized Indian tribe's reservation, Pueblo, or Colony including former reservations in Oklahoma, Alaska Native regions, Hawaiian Home Lands and Indian Allotments) **AND** participate in one or more of the programs listed that I have checked below and am providing a copy of my benefit or program participation card or award letter. (Please check all applicable boxes)

- Supplemental Nutrition Assistance Program (SNAP)(f/k/a Food Stamps)
- Tribal Administered Temporary Assistance for Needy Families (TTANF)
- Federal Public Housing Assistance (FPHA)
- Bureau of Indian Affairs General Assistance
- Supplemental Security Income (SSI)
- Head Start (Income eligible)
- Medicaid
- Food Distribution Program on Indian Reservations (FDPIR)
- Veterans Pension and Survivors Benefit
- Income Eligibility (See above **Income Eligibility**)

Tribal Identification Number: _____

SUBSCRIBER CERTIFICATION

It is understood that by participating in the Lifeline program, the support that I receive is not actual payment to me but a discount on my monthly billed service. Participating in Lifeline does not protect me from collection procedures if I do not pay my telephone or Internet bill. I fully understand that this discount, as well as the criteria for participation in the Lifeline Program, may change and I may no longer qualify, or the amount of support may increase or decrease.

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As the Certifying Subscriber, I certify that, (i) the service is for me and not a member of the household; (ii) I am not listed as a dependent on someone else’s tax return; and, (iii) the service address is my primary residence. I further certify that the service that I receive from Inland Telephone Company is my main service line and neither I nor anyone in my household receives Lifeline Support for any other telecommunications service. Further, I understand that Lifeline is a federal benefit program that provides a monthly discount on either home or mobile service and **ONLY ONE** Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline Support from multiple telecommunications providers. I understand that violation of the one-per-household requirement will result in de-enrollment from the program and possible fines and imprisonment. As the Certifying Subscriber claiming income eligibility, I certify that the documentation I have provided accurately represents: (i) my household income and the number of persons in my household; or, (ii) proof of participation in an eligible program.

I certify that I will notify Inland Telephone Company within 30 days,(i) if for any reason I should no longer participate in any of the eligible programs or qualify by income, and or (ii) if I move from the address provided on this form. If my address listed above is temporary, I certify that I will verify my address to Inland Telephone Company every 90 days. I understand that if I fail to respond to an attempt to verify my address within 30 days, my Lifeline support may be terminated. I understand that if I fail to give notice as required, I am subject to penalties, including de-enrollment, being barred from the program and fines and imprisonment.

I understand that Lifeline Support is not transferrable and that I may not transfer my service to any individual, including another eligible Lifeline Support recipient. I further understand that if my service goes unused for 60 days, my service will be suspended subject to a 30 day period in which I may use the service or contact Inland Telephone Company to confirm that I want to continue receiving the service.

Further, I fully understand that in order to continue to receive this support, I must annually, or more often, certify my eligibility and provide proof of eligibility. I understand that my failure to timely re-certify will result in de-enrollment and termination of my Lifeline benefits.

I fully understand that the Lifeline Program is administered by the Universal Service Administration Company (USAC) under the guidance and authority of the Federal Communications Commission (FCC)and that all of the information that I have supplied pertaining to my eligibility will be shared with USAC and the FCC and I give my consent to do so.

I certify that the information provided on this form is true and correct to the best of my knowledge under penalty of perjury and if I have provided any misleading statements in order to receive support, I will be liable for any support received, my service may be discontinued, it may result in de-enrollment and my being barred from the program and I would be subject to state and federal fines and imprisonment.

SIGNATURE OF APPLICANT _____

DATE _____

APPLICANT (PRINTED) _____

Inland Telephone Company will keep the information contained in this form confidential, except as required by federal or state law.ALL INFORMATION COMPLETED ON THIS FORM IS SUBJECT TO STATE AND FEDERAL PERJURY PENALTIES.****

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LIFELINE HOUSEHOLD WORKSHEET

Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An **adult** is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). **Household expenses** include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). **Income includes** salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran’s benefits, inheritances, alimony, child support payments, worker’s compensation benefits, gifts, and lottery winnings

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You have been asked to complete this Worksheet because someone else may currently receive a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

1) Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check NO if you do not have a spouse or partner)

YES NO

> If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives Lifeline. **Only ONE** Lifeline discount is allowed per household.

> If you checked **NO**, please answer question #2.

2) Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) who live with you at your address already receive Lifeline-discounted service? (check NO for all options if NO other adults live at your address)

- A. A parent YES NO
- B. An adult son or daughter YES NO
- C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc..) YES NO
- D. An adult roommate YES NO
- E. Other _____ YES NO

> If you checked **NO** for each statement above, you do not need to answer the remaining questions. **Please initial line B**, below under CERTIFICATION, and sign and date the worksheet.

> If you checked **YES**, please answer question #3.

3) Do you share living expenses (bills, food, etc.) and share income (either your income, the other person’s income or both incomes together) with at least one of the adults listed above in question #2?

YES NO

> If you checked **NO**, then your address includes **more than one household**. **Please initial lines A and B below**, and sign and date the worksheet.

> If you checked **YES**, then your address includes **only one household**. You **may not** sign up for Lifeline because someone in your household already receives Lifeline.

CERTIFICATION

Please initial the certification below and sign and date this worksheet which must accompany your Lifeline application.

- A. I certify that I live at an address occupied by multiple households.
- B. I understand that violation of the **one-per-household** requirement is against the Federal Communications Commission’s rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States Government.

SIGNATURE OF APPLICANT _____

DATE _____

APPLICANT (PRINTED) _____