



# Wireless Service Application for WASHINGTON LIFELINE/LINK UP

Link-Up is a federal assistance program that offers a 50% discount on the initial first-time activation at the applicant's principal place of residence. Lifeline is available to qualifying low-income subscribers for single party residence service. There can be only one telephone access line receiving Lifeline service per household. Washington Lifeline subscribers certified under a Low-Income program and living on non-tribal lands may receive a reduction of up to \$13.50 per month. Tribal residents receive an additional \$25.00 discount.

If you or a dependent residing in your household are receiving benefits from one or more of the programs listed below, please check all that apply, complete the remainder of the form, and mail or fax completed form to:

YourTel America Attn: Lifeline Department 13220 N. Santa Fe Ave. Oklahoma City, OK 73114 Fax to 1 (877) 388-1083

### ELIGIBLE LOW INCOME PROGRAMS

- Temporary Assistance for Needy Families  State Supplemental Security Income (SSI)  Food Assistance (including SNAP)
- Disability Lifeline (formerly General Assistance)  State Family Assistance  Refugee Assistance  Chore Services
- Medical Assistance (Incl. Medicare cost sharing programs)  Community Options Program Entry System (COPES)

### ADDITIONAL TIER 4 TRIBAL ELIGIBLE LOW INCOME PROGRAMS (Tribal Residents ONLY)

- Bureau of Indian Affairs General Assistance  Head Start (must meet income qualifying standard)
- Tribally Administered Temporary Assistance for Needy Families  National School Lunch Program's Free Lunch Program

### INCOME BASED CERTIFICATION

You may self-certify that your income is at or below 135% of the federal poverty guidelines as shown below by signing at the bottom of this form.

Number of people in household	Total Household Income at:	Number of people in household	Total Household Income at:
1 person	\$14,702	4 people	\$30,173
2 people	\$19,859	5 people	\$35,330
3 people	\$25,016	Each additional person	\$5,157

TO QUALIFY FOR INCOME ELIGIBILITY, YOU MUST PROVIDE COPIES OF ONE OR MORE OF THE DOCUMENTS LISTED BELOW. IF YOU PROVIDE DOCUMENTATION THAT DOES NOT COVER A FULL YEAR (SUCH AS CURRENT PAY STUBS), YOU MUST SUBMIT THREE (3) CONSECUTIVE MONTHS OF THE SAME TYPE OF DOCUMENT WITHIN THE CURRENT CALENDAR YEAR.

- Prior year's state, federal or tribal tax return  Retirement/Pension benefit statement  Unemployment/Workers Compensation benefits statement
- Divorce decree or child support document  Social Security benefits statement  Current income statement from employer or paycheck stub
- Federal or tribal notice letter of participation in Bureau of Indian Affairs General Assistance  Veterans Administration benefits statement

### PLEASE READ AND INITIAL THAT YOU UNDERSTAND THE FOLLOWING:

\_\_\_\_\_ I certify under penalty of perjury that the above is true and further asserts I will follow all Lifeline/Link-up rules as noted above.

\_\_\_\_\_ I also certify that my household currently receives benefits from at least one of the programs above, my telephone is listed in my name, I am not listed as a dependent on another person's tax return (unless over the age of 60) and the address listed is my primary residence.

\_\_\_\_\_ I confirm local voice service discounts under the low income programs are limited to one per household. I certify under penalty of perjury that my household is not currently receiving benefits from Washington Telephone Assistance Program (WTAP) or another wireless Lifeline discount program. If I am participating in another Lifeline program at the time I apply for YourTel America Wireless Lifeline service, I agree to cancel that Lifeline service with any other provider. I also certify that I will only receive one Lifeline connection and will not have simultaneous Lifeline connections with another provider.

\_\_\_\_\_ I agree to notify YourTel America immediately if my household ceases to participate in the program(s) listed above or changes to an alternate program not indicated. I authorize YourTel America to access any records required to verify my statements herein and to confirm my continued eligibility for Lifeline assistance.

\_\_\_\_\_ I authorize DSHS to disclose or give access to confidential information about me for one year from the date of this application for the purpose of determining my eligibility for Lifeline assistance.

BY CHECKING HERE AND MY SIGNATURE BELOW I CERTIFY THAT MY ADDRESS IS ON FEDERALLY RECOGNIZED TRIBAL LANDS

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ DSHS Client ID (9 digit) \_\_\_\_\_ Contact TN \_\_\_\_\_

### COMPANY USE ONLY

Company Representative Signature \_\_\_\_\_ ESN \_\_\_\_\_

Account Number \_\_\_\_\_ Date \_\_\_\_\_ MOBILE NUMBER \_\_\_\_\_