Lifeline and Link Up Assistance Application

☐ Local Service Assistance ☐ Wireless Service Assistance

1. Applicant Information (address must be your principal residence)

Last Name _____ First Name _____ Middle _____

Physical Address (Not a PO Box) _____ City _____ State _____ Zip Code _____

2. Current Telephone Service (check all that apply)

☐ I do not currently have telephone service, or
☐ I currently have telephone service at the above address:

Telephone Number _____ Current Provider _____

☐ I authorize ACS to add Lifeline to the following telephone number:

(Phone Number Required)

Telephone / Wireless Number _____

☐ I currently receive monthly Lifeline assistance for the above phone line. *(Note: Lifeline assistance may only be applied to one phone line at your principal residence. ACS will notify your current provider that you have chosen ACS Local or ACS Wireless for your Lifeline benefit and advise that carrier to discontinue applying Lifeline benefits to your account. You will be subject to the rates and charges of that provider.)*
☐ I previously received Link Up assistance at the above address. *(Note: You may not receive Link Up assistance more than once at the same principal residence.)*

I authorize ACS to remove the Lifeline Benefit from my existing ACS account:

☐ ACS Wireless _____ ☐ ACS Local _____

3. Eligibility Requirements (check all that apply)

☐ My household income is at or below 135% of the Federal Poverty Guidelines. (Note: You must provide documentation verifying your household income); or
☐ I currently participate in or receive benefits from one or more of the following programs:

- ☐ Adult Public Assistance (including Aid to Aged, Blind and Disabled)
- ☐ Alaska Temporary Assistance Program (ATAP)
- ☐ Bureau of Indian Affairs (BIA) General Assistance
- ☐ Federal Public Housing Assistance / Section 8 Programs
- ☐ Food Stamps
- ☐ Head Start Programs (meeting income qualifying standards)
- ☐ Low Income Home Energy Assistance Programs
- ☐ Medicaid (not Medicare)
- ☐ National School Lunch Program (free meals program only)
- ☐ Supplemental Security Income (SSI)
- ☐ Tribally Administrated Temporary Assistance for Needy Families (TANF)
- ☐ VA Pension or VA Disability Pension (VA Disability Compensation does not qualify)
- ☐ Child Care Assistance
- ☐ WIC
- ☐ State of Alaska Heating Assistance Program
- ☐ Pioneer Home Payment Assistance
- ☐ Denali Kid Care
- ☐ Senior Care

Alaska State Housing Corporation Programs:

- ☐ Public Housing
- ☐ Interest Rate Reduction for Low Income Borrowers
- ☐ Home Investment Partnership Program "HOME"
- ☐ Low Income Housing Tax Credit Program
- ☐ Senior Citizen Housing Development Fund

4. Toll Limitation

☐ I elect to not allow the completion of outgoing toll (long distance) calls from my telephone. *(Note: You will not be charged a deposit to initiate Service if you elect Toll Blocking, which will be provided at no additional charge to you.)*

I HAVE READ THE INFORMATION ON THIS APPLICATION AND UNDERSTAND THAT I MUST MEET THE ABOVE QUALIFICATIONS TO RECEIVE LIFELINE AND LINK UP ASSISTANCE. I UNDERSTAND THAT LIFELINE SUPPORT IS ONLY AVAILABLE FOR A SINGLE TELEPHONE LINE AT MY PRINCIPAL RESIDENCE AND IF I AM CURRENTLY RECEIVING LIFELINE BENEFITS ON ANOTHER ACS ACCOUNT THOSE BENEFITS WILL BE DISCONTINUED. I UNDERSTAND THAT I MAY NOT RECEIVE LINK UP ASSISTANCE MORE THAN ONCE AT THE SAME PRINCIPAL RESIDENCE. I UNDERSTAND THAT COMPLETION OF THIS APPLICATION DOES NOT CONSTITUTE IMMEDIATE ENROLLMENT IN THIS PROGRAM AND THAT SERVICE WILL BE PROVIDED SUBJECT TO THE TERMS AND CONDITIONS OF THE ACS WIRELESS CONTRACT.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND CORRECT. I AGREE TO NOTIFY ACS WIRELESS/ACS LOCAL WITHIN FIVE (5) CALENDAR DAYS IF (A) MY HOUSEHOLD INCOME EXCEEDS 135% OF THE FEDERAL POVERTY GUIDELINES OR (B) I NO LONGER PARTICIPATE IN THE PROGRAM(S) IDENTIFIED ABOVE.

I HAVE INCLUDED TRUE AND CORRECT COPIES OF THE FOLLOWING DOCUMENTS TO VERIFY MY HOUSEHOLD INCOME:

- ☐ Prior Year's State, federal or tribal tax return;
- ☐ Social Security statement of benefits;
- ☐ Retirement/pension statement of benefits;
- ☐ Federal or tribal notice letter of participation in
- ☐ Bureau of Indian Affairs General Assistance;
- ☐ Current income statement from an employer or paycheck stub;
- ☐ Veterans Administration statement of benefits;
- ☐ Unemployment/Workmen's Compensation statement of benefits;
- ☐ Divorce decree or child support document
- ☐ Other official documentation of income

Note: If you choose to provide any document other than the prior year's tribal, federal, or state income tax return as evidence of income**,** you must present three consecutive months worth of the same type of statement within the calendar year.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE TOTAL NUMBER OF INDIVIDUALS IN MY HOUSEHOLD IS _____.

Signature _____ **Social Security Number** _____ **Date** _____

PLEASE RETURN THIS FORM TO:

Date received by ACS _____

☐ Form Completion / Rep Name & Extension_____

ALASKA COMMUNICATIONS SYSTEMS
Attn: LSA Representative

PO Box 72215
Fairbanks, AK 99707-2215