



4. I am eligible because my "household"\* annual income is at or below 135% of the Federal Poverty Guidelines as reflected in the chart below: \_\_\_\_\_ Yes \_\_\_\_\_ No (Check one)

**How many individuals are living at your household?** \_\_\_\_\_

Size of Household	Lifeline Eligibility Level (\$)	Documentation of "household" income must be provided in one of the following forms:
1	18,266	<input type="checkbox"/> A previous year's state or federal tax return <input type="checkbox"/> A current income statement from an employer or paycheck stub <input type="checkbox"/> A statement of benefits from the U.S. Social Security Admin. <input type="checkbox"/> A statement of benefits from the U.S. Dept. of Veterans Affairs <input type="checkbox"/> A retirement or pension statement of benefits. <input type="checkbox"/> An unemployment or worker's compensation statement of benefits <input type="checkbox"/> A federal or tribal notice of letter of participation in general assistance <input type="checkbox"/> A divorce decree or child support document <input type="checkbox"/> Any other official document to substantiate income.
2	24,584	
3	30,902	
4	37,220	
5	43,538	
6	49,856	
7	56,174	
8	62,492	
For each additional person, add	6,318	

\* For this question, "household" means all persons who occupy a housing unit, regardless of whether they are related to each other.

**CERTIFICATION**

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND CORRECT. \_\_\_\_\_ (initial)

I FURTHER CERTIFY THAT NO MEMBER OF MY NUCLEAR FAMILY (SPOUSE OR CHILD) LIVING AT MY RESIDENCE HAS A LIFELINE PHONE WITH GCI, ALASKA DIGITEL, OR ANY OTHER PROVIDER. IF ANY MEMBER OF MY NUCLEAR FAMILY LIVING AT MY RESIDENCE SUBSEQUENTLY OBTAINS LIFELINE SERVICE FROM ANY CARRIER, I AGREE TO NOTIFY GCI AND TERMINATE MY DIGITEL LIFELINE PROGRAM SERVICE. \_\_\_\_\_ (initial)

I FURTHER AGREE TO NOTIFY ALASKA DIGITEL WITHIN FIVE (5) CALENDAR DAYS IF (A) MY HOUSEHOLD INCOME EXCEEDS 135% OF THE FEDERAL POVERTY GUIDELINES (SEE CHART ABOVE) OR (B) I NO LONGER PARTICIPATE IN THE PROGRAMS IDENTIFIED ABOVE. \_\_\_\_\_ (initial)

BY SIGNING BELOW, CUSTOMER MAKES ALL OF THE FOREGOING CERTIFICATIONS UNDER PENALTY OF PERJURY. IF IT IS DISCOVERED THAT THE CUSTOMER DOES HAVE MULTIPLE LIFELINE SERVICES, SERVICE WILL BE TERMINATED WITHIN 48 HOURS AND THE CUSTOMER COULD BE SUBJECT TO LEGAL ACTION BY THE FEDERAL GOVERNMENT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT OR LEGAL GUARDIAN IF UNDER 18 YEARS OF AGE

\_\_\_\_\_  
DATE