



**BUSH-TELL, INC.**

Box 109 • Aniak, Alaska 99557 • (907) 675-4311

## **2017 Application for Lifeline and/or Link up Service Within Bush-Tell, Inc's Serving Area**

Name: \_\_\_\_\_  
(Please Print)

Address (Location of Service): \_\_\_\_\_

Telephone Number (if service is being provided today): \_\_\_\_\_

Last Four of Social Security Number (used to verify receiving only one Lifeline subsidy) \_\_\_\_\_

### **Criteria for Application**

Lifeline assistance is provided to low income residential customers who meet the criteria listed below. Lifeline assistance through Bush-Tell, Inc. applies to single line residential service only. The applicant must meet the eligibility criteria established by the Federal Communications Commission (FCC) and the Regulatory Commission of Alaska (RCA) to qualify for Lifeline assistance. Qualifying customers will sign below, under penalty of perjury, that he/she receives benefits from one of the programs listed below or meets/exceeds the federal poverty guidelines by 135%. In signing, the customer also agrees to notify Bush-Tell, Inc. if he/she ceases to participate in the qualifying program(s) or elects Lifeline assistance with another telephone or wireless provider. Qualifying customer understands proof of participation in a qualifying program(s) must be provided with this application and eligibility will be recertified yearly.

I participate in the following program(s)

- Federal Public Housing Assistance/Section 8
- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid
- Veterans Pension and Survivors Benefit Program
- Tribal-Specific programs:
- Bureau of Indian Affairs General Assistance

- Tribally-Administered Temporary Assistance for Needy Families (TTANF)
- Food Distribution Program on Indian Reservations (FDPIR)
- Headstart
- National School Lunch (free program only)
- Income at or below 135% of the Federal Poverty Guidelines

**Income based eligibility:**

Persons in family or household	Annually income
1	\$20,331
2	\$27,392
3	\$34,452
4	\$41,513
5	\$48,573
6	\$54,634
7	\$62,694
8	\$69,755
For each additional person, add:	\$7,061

In order to qualify for the Lifeline/Linkup assistance program, I certify, under perjury, that I'm a participant in the program(s) I have indicated above. With this application I have submitted evidence of participation in the program(s) and I authorize the appropriate agency to release my status information requested by Bush-Tell, Inc. for verification of my participation in the program(s) I have indicated. Persons or organizations that may be contacted include, but are not limited to, the Alaska Department of Health and Social Services Assistance, Social Security Administration, Bureau of Indian Affairs and any other organization that administers any of the programs I have selected above. I agree that I will notify the telephone company immediately if I cease to participate in the qualifying program(s) or if I elect to receive Lifeline assistance from another provider.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_