



**OTZ Telecommunications, Inc.**  
Your Local Telecommunications Company

P.O. Box 369  
Kotzebue, AK 99752  
907 442 2411 Office  
907 442 2511 Fax

**Get Wireless Lifeline Link-Up Support!**

888 449 2411 Toll Free

Name:			
Billing Address:		City:	Zip Code:
Authorized Person(s) on Account:			
Social Security:	Driver's License:	State:	Date of Birth:
Contact Number:		Email:	

**Eligibility**— To qualify for Lifeline/Link-up you must participate in one of the following programs listed under (1) or meet the income threshold described under (2):

**(1) Please check all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> Woman, Infants & Children Program (WIC)   | <input type="checkbox"/> Food Stamps                                 |
| <input type="checkbox"/> Alaska Temporary Assistance Program   | <input type="checkbox"/> Federal Public Housing Assistance           |
| <input type="checkbox"/> Tribally Administered Assistance for Needy Families   | <input type="checkbox"/> Medicaid (not Medicare)                     |
| <input type="checkbox"/> Head Start Programs (meeting income qualifying standards)   | <input type="checkbox"/> Supplemental Security Income                |
| <input type="checkbox"/> National School Lunch Program (free meals program only)   | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| <input type="checkbox"/> Receiving benefits under another social service program   | <input type="checkbox"/> Low Income Home Energy Assistance Programs  |
| <input type="checkbox"/> VA Disability Pension   | <input type="checkbox"/> Alaska Adult Public Assistance              |
| <input type="checkbox"/> Senior Citizens Housing Development Fund  | <input type="checkbox"/> State of Alaska Heating Assistance Program  |
| <input type="checkbox"/> Pioneer Home Payment Assistance   | <input type="checkbox"/> Denali Kid Care                             |
| <input type="checkbox"/> Senior Care   | <input type="checkbox"/> Child Care Assistance Program               |
| <input type="checkbox"/> Alaska State Housing Corp (Public Housing, Interest Rate Reduction for Low Income Borrowers, HOME.) |  |

**(2) If you do not participate in any of the above programs, you may still qualify if you:**

- Live in a household with income at or below 135 percent of the current applicable poverty guidelines, as established by the U.S. Department of Health and Human Services. **Please provide the following information:**

\_\_\_\_\_ Number of individuals in household (related or not)

\_\_\_\_\_ Household income (see definition of "household income" in OTZ's local tariff, sheet No. 1.3.3)

**Please provide one of the following\* and indicate which:**

- Previous year's federal tax return
- Current income statement from employer or paycheck stub
- Statement of benefits from U.S. Social Security Administration
- Statement of benefits from U.S. Department of Veteran Affairs
- Statement of benefits from retirement or pension
- Statement of benefits from unemployment or workers' compensation
- Federal or tribal notice letter of participation in general assistance
- Divorce decree or child support document
- Any other official document issued by a provider of income to document that income

\*If your documentation does not cover a full year, it must cover at least three consecutive months in the year.

- I authorize OTZ Wireless to request the removal of Lifeline/Link-Up Support to my existing OTZ Telephone account: 907-\_\_\_\_\_**

- Please restrict outgoing calls to local service only (\$90.00 deposit required for toll activation).

**Certification**—I UNDERSTAND I MUST MEET THE ABOVE QUALIFICATIONS TO RECEIVE LIFELINE SUPPORT. I ALSO UNDERSTAND LIFELINE SUPPORT IS ONLY AVAILABLE FOR A SINGLE TELEPHONE LINE AT MY PRINCIPAL RESIDENCE AND IF I AM CURRENTLY RECEIVING LIFELINE BENEFITS ON ANOTHER OTZ ACCOUNT THOSE BENEFITS WILL BE DISCONTINUED. I CERTIFY THE INFORMATION CONTAINED ON THIS APPLICATION IS CORRECT AND I AGREE TO NOTIFY OTZ WITHIN FIVE (5) CALENDAR DAYS IF I NO LONGER PARTICIPATE IN THE PROGRAM(S) IDENTIFIED ABOVE.

Print

Sign

Date