

OTZ Telephone Cooperative, Inc.

P.O. Box 324

Kotzebue, Alaska 99752

Phone (907) 442-3114 Fax (907) 442-2123

Enhanced Lifeline & Expanded Linkup Qualification Form

To Qualify for Enhanced Lifeline and Expanded Link Up, a customer must participate in at least one of the following programs listed under 1. or meet the income threshold described under 2.

1. Please check all that apply.

- Medicaid
- Food Stamps
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low Income Home Energy Assistance (LIHEAP)
- Bureau of Indian Affairs General Assistance
- Tribally Administered Temporary Assistance for Needy Families (TANF)
- Head Start Programs (Only those meeting its income qualifying standard)
- National School Lunch Program (Free meals program only)
- Alaska Temporary Assistance Program (ATAP)
- Alaska Adult Public Assistance Program
- Receiving benefits under another social services assistance program (See OTZ's current tariff)

2. A customer that does not participate in any of the above programs may qualify if they:

- Live in a household with income at or below 135 percent of the currently 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 Veterans 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 3 consecutive months in the year.

I understand that all the areas served by OTZ are considered to be Tribal Lands. I reside in _____ served by OTZ.

I certify under penalty of perjury that I receive benefits from the program(s) I have selected above and that the information I have provided is true and correct. I agree to immediately notify OTZ if I no longer participate in the above program(s) or if my income exceeds the 135 percent threshold. I understand that OTZ shall annually select a random sample of lifeline customers and verify their continuing eligibility, and that I may be required to resubmit this form or another to verify my continuing eligibility.

(Customer Signature)

(Date)