

Copper Valley Wireless

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Offices located at 329 Fairbanks Street, Valdez &
 Mile 188.5 Glenn Hwy, Glennallen

APPLICATION FOR LIFELINE AND LINKUP SUPPORT

LAST NAME _____ FIRST NAME _____ LAST 4-SSN _____ BIRTH DATE _____

PHYSICAL ADDRESS _____ MAILING ADDRESS _____

CITY, STATE, ZIP _____ DATE OF APPLICATION _____ PHONE # _____

___ I currently receive monthly assistance for another telephone (land line OR cellular). (Note: Lifeline assistance may only be applied to one phone line at your principal household).

___ I authorize CVT to remove lifeline benefits from the following Copper Valley Wireless number: _____

PART A: PROGRAM BASED CRITERIA

A customer is eligible to participate in the Enhanced Lifeline program, a federal benefit, if the customer is receiving benefits from one of the following programs. Please check the appropriate circle for the program you are receiving assistance from. For Head Start and National School Lunch Program, at least one household member must participate to meet Lifeline eligibility requirements (household is defined as "any individual or group of people who are living together at the same address as one economic unit):

- | | | |
|---|---|--|
| <input type="radio"/> E1-Medicaid | <input type="radio"/> E7-National School Lunch Program (free meals program only) | <input type="radio"/> E12-Alaska Temporary Assistance Program |
| <input type="radio"/> E2-Food Stamps | <input type="radio"/> E8-Bureau of Indian Affairs General Assistance | <input type="radio"/> E12-Eligibility based on income (see below) |
| <input type="radio"/> E3-Supplemental Security Income | <input type="radio"/> E9-Tribally-Administered Temporary Assistance for Needy Families | <input type="radio"/> E14-Another "means test" social service program administered by state or federal government. Identify program: _____ |
| <input type="radio"/> E4-Federal Public Housing Assistance (Section 8) | <input type="radio"/> E10-Food Dist on Indian Res. | <input type="radio"/> PASSI; PASSII; PASSIII Child Care Assistance Programs |
| <input type="radio"/> E5-Low Income Home Energy Assistance Program | <input type="radio"/> E11-Head Start Programs (only those meeting income qualifying standard) | <input type="radio"/> Pioneer Home Payment Assistance |
| <input type="radio"/> E6-Temp Assistance to Needy Families | <input type="radio"/> Denali Kid Care | <input type="radio"/> Senior Care |
| <input type="radio"/> Alaska State Housing Programs (Public Housing, Section 8, HOME program, Senior Housing) | <input type="radio"/> WIC | |

-OR-

PART B: INCOME BASED CRITERIA

A customer is eligible to participate in the Enhanced Lifeline program, a federal benefit, if the customer lives in a household with income at or below 135% percent of the applicable federal poverty guidelines for the State of Alaska (see below for current guidelines).

Please complete the following information.

1. Number of individuals in applicant's household _____
2. Annual (12 months) Household income \$ _____
3. I qualify for LIFELINE/LINKUP programs based on the following guidelines: Yes _____ No _____

Persons in Household	Income with 135% of AK Poverty Guidelines	Persons in Household	Income with 135% of AK Poverty Guidelines
1	\$19,872	5	\$47,952
2	\$26,892	6	\$54,972
3	\$33,912	7	\$61,992
4	\$40,932	8	\$69,012
		For each additional person, add:	\$7,020

ACCESSIBILITY for People with Disabilities: Do you have a hearing or speech disability or condition which prevents or limits your ability to communicate over voice networks? YES _____ NO _____

If yes, please describe the nature of the disability or condition so that we may further assist with your ability to use our services. _____

PLEASE SEE REVERSE FOR MORE INFORMATION

I _____ understand that I will be responsible for charges resulting from my decision to DECLINE toll restriction on this account. I agree to pay up to \$50 as a deposit which may be refunded after one full year of STELLAR payment history (maximum of 1 late pay, NO DNPs or NSF checks or Rejected Credit Card transactions).

I _____ would like to have toll restriction added to my wireless account. Therefore, I am opting for the local only calling plan. No deposit may be required for this option.

CERTIFICATION & RELEASE FROM APPLICANT

I certify under the penalty of perjury that:

- A) the location for which the LIFELINE/Linkup credit is applied is my principal place of residence; and
- B) I am either receiving benefits from the program/s checked above **OR** I qualify based on the Income-Based Criteria shown above and the documentation I am submitting accurately shows my total household income; and
- C) that I will immediately notify Copper Valley Telephone if I stop participating in the program listed above or my income exceeds the 135% threshold; and
- D) I am the head of household and only receive Lifeline supported service from this carrier; and
- E) I will notify CVW immediately if my physical address changes.

I understand that information and documentation that I provide is subject to audit by the Administrator of the U.S.F. fund.

Printed Name of Customer _____ **Signature of Customer** _____ **Date** _____

*if documentation does not cover a full year, documentation must cover at least three consecutive months in a current calendar year.

For Copper Valley Wireless use only		<input checked="" type="checkbox"/>
1	Type of documentation reviewed, for example: award letter, voucher, benefits card, income statement, etc. BE SPECIFIC	<input type="checkbox"/> award letter <input type="checkbox"/> voucher <input type="checkbox"/> benefits card <input type="checkbox"/> income statement <input type="checkbox"/> other: _____
2	Date or expiration date of documentation	
3	Identifying information about documentation submitted (for example, "blue SNAP Card" or "Letter from State Health and Human Services Agency")	(Specify item)
4	Date Reviewed	
5	Method the documentation was provided, for example: in person, by fax, by mail, electronically	<input type="checkbox"/> in person <input type="checkbox"/> by fax <input type="checkbox"/> by mail <input type="checkbox"/> electronically <input type="checkbox"/> other: _____
6	Name of employee or agent who reviewed documentation.	
Use this section if name on documentation is different from name of applicant		
7	Name on documentation demonstrating program participation (if different from name of applicant)	
8	Certification that individual named on documentation demonstrating program participation is part of applicant's household (if different from name of applicant)	
9	Certification that individual named on documentation demonstrating program participation does not already receive Lifeline (if different from name of applicant)	