Swiftel
VOICE • VIDEO • DATA • SPRINT

Lifeline Assistance Application

Use this form Dec 2016-Dec 2017

Please Print ~ all fields are required

Swiftel/Sprint Account #: _____ Swiftel/Sprint Phone #: _____

Name of Applicant: _____
(First) (M. I.) (Last)

Service Address: _____
Physical street address; No PO Box # City State ZIPcode

Billing Address (if different from Service addr): _____

Contact Phone #: _____ Last-4 of Social Security #: _____

Date of Birth: _____ Head of Household Name: _____

TYPE OF SERVICE ~ check one

☐ Voice ☐ Voice & Broadband/Internet Bundle (both meet minimum requirements) ☐ Wireless/Sprint

NOTE: Customers receiving Lifeline assistance are required to remain with their service provider for a minimum period before they can transfer the benefit to another provider – there is a 60-day "port freeze" for voice service, and 12 months for broadband/Internet.

Transferring your benefit: If you are currently receiving Lifeline from another provider and you wish to transfer your Lifeline discount with this application, please initial the following statement:

_____ My current Lifeline service is not subject to a port freeze and I authorize Swiftel Communications to transfer any existing discount with another provider to my Swiftel Communications account, subject to all terms and conditions described in this application, understanding only one Lifeline-supported service is available per household.

ELIGIBILITY

Check a program below that you, a dependent or another household member are currently enrolled in, or, if your household qualifies based on income.

_____ Medicaid (not Medicare)
_____ Supplemental Security Income (SSI)-not regular Soc. Sec.
_____ Federal Public Housing Assistance
_____ SNAP (Supplemental Nutrition Assistance Program)
_____ Veteran's Pension, or Survivor's Pension
_____ Income-Based Eligibility – households can qualify if household income does not exceed 135% of the Federal Poverty Guidelines, shown here →

Income Limit; 135% of FPG	Household Size
$16,281	1 person
$21,924	2
$27,567	3
$33,210	4
$38,853	5
$44,496	6
$50,139	7
$55,782	8
+ $5,643	Each addt'l person

NOTE: ***Proof of program participation or income will be required to qualify.***
We are required to retain a photocopy of the verification provided.
Examples include a copy of your benefit ID card, eligibility letter from the authorizing agency or the prior year's statement of benefits.

Sources of income verification include prior year's tax return, three months of paychecks from all employers, or benefit statements from retirement and/or pension plans.

NEXT PG/OVER ~~>

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Please read the following statements, **initial** by each statement, and sign at the end.

_____ I acknowledge that providing false or fraudulent statements to receive Lifeline benefits is punishable by law and can result in fines, imprisonment, de-enrollment or being barred from the program.

_____ I affirm that the information contained in this application and certification form is true and correct to the best of my knowledge.

_____ I certify that I meet the program- or income-based eligibility criteria for receiving Lifeline, as provided for in 47 C. F. R. Section 54.409 and that I have provided any required documentation of eligibility.

_____ I understand that my household can only receive one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service benefit.

_____ I certify that the individual named on the documentation provided, demonstrating program-based eligibility, if not me, is part of my household.

_____ I understand that Lifeline is a non-transferable benefit and that I may not transfer it to another person.

_____ I certify that if I move to a new address, I will provide that new address to Swiftel Communications within 30 days.

_____ I certify that I will notify Swiftel Communications within 30 days if, for any reason, I no longer satisfy the criteria for receiving Lifeline support, if I am receiving more than one Lifeline benefit, or if another member of my household is receiving a Lifeline benefit.

_____ I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C. F. R. Section 54.405(e)(4).

_____ I understand that information from this application will be given to USAC and/or its agents for purpose of verifying that my household does not receive more than one benefit and that USAC may require additional information in order to verify my eligibility.

_____ (Only if applicable) I understand if I provided a temporary residential address for this application, I will be required to verify my temporary residential address every 90 days.

My signature below states that all information provided in this application is true and correct to the best of my knowledge.

Signature _____ Date _____

Print Name _____

How to qualify for the Lifeline discount.

1. Participation in at least one of the following programs -
   - Medicaid (e.g., Title XIX/Medical, State Supplemental Asst)
   - Supplemental Nutrition Assistance Program (SNAP)
   - Supplemental Security Income (SSI)
   - Federal Public Housing Assistance
   - Veteran's Pension, or Survivor's Pension

- OR -

2. Qualify by household income level - Income must be at or below 135% of the Federal Poverty guidelines. You will be asked to list the number of individuals in your household. In order to qualify under this criterion, you must provide documentation of income eligiblity. Documentation may consist of a copy of a prior year's state, federal or tribal tax return, three consecutive months of income statements or paycheck stubs from your employer, a Social Security statement of benefits, a Veterans Administration statement of benefits, a retirement/ pension statement of benefits, an Unemployment/ Workmen's Compensation statement of benefits, federal or tribal notice letter of participation in Bureau of Indian Affairs General Assistance, a divorce decree or child support document.

For further information about
Lifeline assistance
or to receive an application form, please call

Swiftel

605-692-6211
415 Fourth Street, Brookings

wireline brochure updated

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Sprint

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all wireless brochures updated