



**TRIBAL APPLICATION FORM – LIFELINE/LINK-UP ASSISTANCE PROGRAMS**

**Please Read All Instructions Before Completing**

**Date:** \_\_\_\_\_

**Please fill in all information as completely as possible. The information on this application is strictly confidential and will only be used to assess your eligibility for Tribal Lifeline or Link-Up Assistance.**

Telephone Number	First Name	Middle Initial	Last Name	
Street/Apartment No	City	State	Zip Code	Social Security Number

**PLEASE CHECK programs in which you currently participate (residents of AL, KS, NV, OK, WI, WY, please attach a copy of eligibility documentation):**

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Bureau of Indian Affairs (BIA) General Assistance	<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Federal Public Housing Assistance or Section 8 Housing
<input type="checkbox"/> National School Lunch Program’s Free Lunch Program	<input type="checkbox"/> Headstart (for those meeting its income-qualifying standard)
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) Previously called Food Stamps	<input type="checkbox"/> Tribally-administered Temporary Assistance for Needy Families
<input type="checkbox"/> Household Income at or below the level listed on the reverse side. Select your state and circle the number in your household (must provide documentation-see reverse side).	

**Additional qualifying programs specific to these states.**

Florida	<input type="checkbox"/> Temporary Cash Assistance
Kansas (attach eligibility documentation)	<input type="checkbox"/> General Assistance
	<input type="checkbox"/> Temporary Assistance for Families (TAF)
	<input type="checkbox"/> United Tribes Food Distribution Program
Minnesota	<input type="checkbox"/> Minnesota Family Investment Program (MFIP)
Oklahoma (attach eligibility documentation)	<input type="checkbox"/> Medical Assistance
	<input type="checkbox"/> Vocational Rehabilitation (including Aid to the Hearing Impaired)
	<input type="checkbox"/> OK Sales Tax Relief
Washington	<input type="checkbox"/> State Family Assistance
	<input type="checkbox"/> General Assistance (GAX/GAU)
	<input type="checkbox"/> Refugee Assistance
	<input type="checkbox"/> Medical Assistance (incl. Medicare cost sharing programs)
	<input type="checkbox"/> Community Options Program (COPES)
	<input type="checkbox"/> Chore Services
Wisconsin (attach eligibility documentation)	<input type="checkbox"/> Badger Care
	<input type="checkbox"/> Medical Assistance (MA)
	<input type="checkbox"/> Wisconsin Works
	<input type="checkbox"/> WI Homestead Tax Credit (Sch. H)
Wyoming (attach eligibility documentation)	<input type="checkbox"/> Personal Opportunities with Employment Responsibilities (POWER)
	<input type="checkbox"/> Minimum Medical Program
	<input type="checkbox"/> Aid to Families with Dependent Children (AFDC)

**Please mail this completed application and any supporting documents to:**

**CenturyLink Data Services  
555 Lake Border Drive  
Apopka, FL 32703**

**OR Fax to 1-866-473-2017**

**For answers to questions concerning Lifeline,  
Please call CenturyLink’s business office at 1-800-257-3212**



**Tribal Lifeline Assistance Program**

**Lifeline Telephone Service** is an assistance program designed to provide eligible customers a waiver of the Subscriber Line Charge (SLC), a waiver of the Federal Universal Service Fund charge (USF), and a reduction of local service charges.

**Tribal applicants** can qualify if they are at or below the income levels listed below. Circle the number of people in your household if you chose to qualify via income.

<b>Number in Household</b>	<b>AL, CO, ID,MO, MN, MT, NM, OK, OR, WA,WI</b>	<b>FL, KS, MI, Owyhee NV and Mountain City NV</b>	<b>NV – All other areas</b>
1	\$14,702	\$16,335	\$19,058
2	\$19,859	\$22,065	\$25,743
3	\$25,016	\$27,795	\$32,428
4	\$30,173	\$33,525	\$39,113
5	\$35,330	\$39,255	\$45,798
6	\$40,487	\$44,985	\$52,483
For each additional person, add	\$5,157	\$5,730	\$6,685

**PLEASE READ AND SIGN THE FOLLOWING:**

By signing below, I certify under penalty of perjury that 1) The information contained within this application is true and correct; 2) The telephone service for which I am applying for the Tribal Lifeline discount is listed in my name; 3) The address listed is my primary place of residence, not a second home or a business; 4) I understand and agree that my household can only receive one Lifeline discount in total even if my household has more than one telephone account, including landline or wireless phone service.

If in the future I am no longer participating in at least one of the benefits programs (and do not meet any other requirements) that qualifies me for Tribal Lifeline/Link-Up assistance, I will promptly notify CenturyLink that I am no longer eligible for assistance.

I authorize CenturyLink or its duly appointed representative to access any records required to verify my statements herein and to confirm my eligibility for Tribal Lifeline/Link-Up assistance. I also authorize social service agency representatives to discuss with and/or provide information to CenturyLink verifying my participation in benefit programs that qualify me for Tribal Lifeline/Link-Up assistance. I understand that completion of this application does not constitute immediate approval for Tribal Lifeline/Link-Up assistance. I understand that qualifying for Tribal Lifeline/Link-Up assistance may not waive deposit requirements for local telephone service.

I certify, to the best of my knowledge, that my residence and telephone number associated with this application are located on federally-recognized tribal land.

By signing below, I acknowledge that providing fraudulent documentation in order to receive assistance is punishable by law.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Application Checklist – Please Attach the following:**

- Signed and completed Tribal Lifeline application.
- If applying based on program eligibility and residing in a state requiring eligibility documentation (AL, KS, NV, OK, WI, WY), a copy of a program identification card or other social service agency documentation showing current participation.
- If applying based on the size and income level of customer’s household, provide a copy of one of the following: 1) Last year’s Federal or State Income Tax Return; 2) Current Annual Income Statement from Employer; 3) Paycheck stubs for most recent three consecutive months; 4) Social Security Statement of Benefits; 5) Veteran’s Administration Statement of Benefits; 6) Retirement or Pension Statement of Benefits; 7) Unemployment or Worker’s Compensation Statement of Benefits; 8) Letter of Participation in General Assistance or 9) Divorce Decree or Child Support Documentation.