



**OTZ TELEPHONE COOPERATIVE, INC.  
OTZ TELECOMMUNICATIONS, LLC.**

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Kotzebue, AK 99752

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**CERTIFICATION FOR LIFELINE SERVICE**

PROGRAM RULES: Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. OTZ & OTZT are required by the Federal Communications Commission, or FCC, to verify your eligibility to participate in the Lifeline program.

**Under penalty of perjury you must certify, acknowledge, and agree that the following statements in red are true to the best of your knowledge. Indicate your acknowledgement of each statement with a checkmark.**

Only one Lifeline discount is allowed per household, consisting of either telephone, cellular or broadband service. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household requirement constitutes a violation of FCC rules and will result in your de-enrollment from the program, and potentially, criminal prosecution. A household is any individual or group of individuals who live together at the same address and share income and expenses.

Choose 1 Program Selection:  LandLine Phone Service  Broadband Internet Service  Cellular Service

**I CERTIFY MY HOUSEHOLD WILL RECEIVE ONLY ONE LIFELINE SERVICE AND, TO THE BEST OF MY KNOWLEDGE, MY HOUSHOLD IS NOT ALREADY RECEIVING LIFELINE SERVICE.**

**APPLICANT INFORMATION**

<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>	<b>Billing Phone Number</b>
<hr/>			
<b>Street Address (not a P.O. Box)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<hr/>			
<i>The address listed above is</i>		<input type="radio"/> <i>Permanent</i>	<input type="radio"/> <i>OR</i>
		<input type="radio"/> <i>Temporary</i>	
<hr/>			
<b>Social Security Number (last 4 digits)</b>	<b>Date of Birth (mm/dd/yyyy)</b>		

**BILLING ADDRESS**

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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**ELIGIBILITY REQUIREMENTS**

You will be required to demonstrate eligibility based on (1) Participation in one of the assistance programs listed below; OR (2) Household income at or below 135% of Federal Poverty guidelines for your household size.

- I CERTIFY UNDER PENALTY OF PERJURY THAT I OR A MEMBER OF MY HOUSEHOLD MEETS THE INCOME-BASED OR PROGRAM BASED ELIGIBILITY CRITERIA FOR RECEIVING THE LIFELINE DISCOUNT.**
- Indicate by checkmark the program for which you are providing a document demonstrating your current program: **Error! Not a valid link. I AGREE TO ATTACH A COPY OF A STATEMENT OF BENEFITS (CURRENT OR PRIOR YEAR) OR LETTER OF PARTICIPATION OR PARTICIPATION DOCUMENT (BENEFIT CARD) OR OFFICIAL DOCUMENT SHOWING PARTICIPATION IN STATE, FEDERAL OR TRIBAL PROGRAM. OTZ IS REQUIRED TO RETAIN ELIGIBILITY DOCUMENTATION.**

**ELIGIBILITY REQUIREMENTS**

If you do not qualify for Lifeline based on the assistance programs listed on page one, then the following chart can be used to determine eligibility for Lifeline based solely on income. You may qualify if your household annual income is at or below 135% of the Federal Poverty Guidelines. A household is any individual or group of individuals who live together at the same address and share income and expenses. If the income amount for your household size is more than the amount shown on the chart below you do not qualify for Lifeline discount based solely on income.

Federal Poverty Guidelines - 135%									
Household Size	1	2	3	4	5	6	7	8	More than 8
Alaska	\$20,493	\$27,783	\$35,073	\$42,363	\$49,653	\$56,943	\$64,233	\$71,523	Add \$7,290 for each

- I CERTIFY THAT MY TOTAL HOUSEHOLD INCOME IS AT OR BELOW THE 135% OF THE FEDERAL POVERTY GUIDELINES AND I ALSO CERTIFY THAT THIS IS HOW MANY PEOPLE LIVE IN MY HOUSEHOLD (required):\_\_\_\_\_**

If your household qualifies based on the above income chart, attach a copy of the following applicable documents. If you provide documentation that does not cover a full year (such as a current paycheck stub), you must submit three (3) consecutive months of the same type of document from the previous 12 months.

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### AKNOWLEDGEMENT & CONSENT

Your name, phone number, address, and information contained in the application, as well as information associated with your Lifeline service may be provided to the Universal Service Administration Company, or USAC, in order to verify your household does not receive more than one Lifeline benefit. You will be denied Lifeline benefits if you fail to provide OTZ with consent to provide the specified information to USAC.

- I ACKNOWLEDGE AND CONSENT THAT OTZ PROVIDE MY INFORMATION TO USAC AS MENTIONED ABOVE.**
- I AGREE TO ALLOW OTZ TO EXCHANGE MY INFORMATION WITH FEDERAL OR STATE AGENCIES TO VERIFY MY ELIGIBILITY TO PARTICIPATE IN THE LIFELINE PROGRAM.**
- I AGREE NOT TO TRANSFER MY LIFELINE BENEFITS TO ANOTHER PERSON.**
- I AGREE TO PROVIDE A NEW ADDRESS TO OTZ WITHIN 30 DAYS IF I MOVE TO A NEW ADDRESS.**
- I AGREE TO NOTIFY OTZ WITHIN 30 DAYS IF, FOR ANY REASON, I OR MY HOUSEHOLD:**
  - **NO LONGER RECEIVE BENEFITS FROM FEDERAL OR STATE PROGRAMS THAT QUALIFY ME FOR LIFELINE.**
  - **IF MY ANNUAL HOUSEHOLD INCOME EXCEEDS THE FEDERAL POVERTY GUIDELINES AMOUNT LISTED ABOVE THAT QUALIFIED ME FOR THE LIFELINE PROGRAM.**
  - **RECEIVES MORE THAN ONE LIFELINE BENEFIT OR ANOTHER MEMBER OF MY HOUSEHOLD IS RECEIVING LIFELINE SERVICE.**
- I ACKNOWLEDGE THAT I WILL BE REQUIRED TO RE-CERTIFY MY ELIGIBILITY FOR LIFELINE EVERY 12 MONTHS AND MY FAILURE TO RE-CERTIFY WILL RESULT IN DE-ENROLLMENT AND TERMINATION OF MY LIFELINE BENEFITS.**
- I ACKNOWLEDGE THAT PROVIDING FALSE OR FRAUDULANT INFORMATION TO RECEIVE LIFELINE BENEFITS IS PUNISHABLE BY LAW.**
- THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**
- NON-USAGE OF CELLULAR PHONE FOR LONGER THAN 30 DAYS CONSTITUTES NON-USAGE AND WILL RESULT IN DE-ENROLLMENT FROM LIFELINE. (TEXTING COUNTS AS "USAGE".)**
- BENEFIT PORT FREEZES – LIFELINE PORT FREEZES ARE IMPLEMENTED FOR 12 MONTHS FOR DATA SERVICES AND 60 DAYS FOR VOICE SERVICES. SOME EXCEPTIONS MAY APPLY.**

\_\_\_\_\_  
Billing Name Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Beneficiary Name