

Tribal Lifeline and Link-Up Assistance Application (please print)

Name: _____
Last First Middle

Address: _____
Street City State ZIP

Phone number: _____ or can be reached at _____

I reside on _____
Name of Tribal Land

Application for: Lifeline monthly telephone service discount
 Link-Up telephone connection charge discount

I am a low income individual living on tribal lands and participate in: (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Federal Public Housing Assistance |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Low Income Home Energy Assistance Programs |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Bureau of Indian Affairs/General Assistance Programs |
| <input type="checkbox"/> National School Lunch Program | <input type="checkbox"/> Tribally Administered Temporary Assistance |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Income-based Criterion (at or below 135% of FPG) |

I agree to notify Midstate Communications when I am no longer participating in the above qualifying public assistance programs or no longer meet the Income-based Criterion.

I certify under penalty of perjury the above information is true. I have read the information on the application and understand I must meet the above qualification to receive the Lifeline and/or Link-Up Assistance on my primary residential phone line.

Signature Social Security Number Date

In lieu of paying a deposit for telephone service, I elect to restrict my service to local service only. I hereby release Midstate Communications, Inc. from all claims and liability including personal injury caused by my election receive local service only.

Signature Date