NEBRASKA TELEPHONE ASSISTANCE PROGRAM (NTAP)/LIFELINE APPLICATION AND CERTIFICATION FORM

8-2017

(If you live on Tribal land, DO NOT use this application. Contact your local company for a Tribal land discount.)

For eligible Nebraskans, this program, administered by the Nebraska Public Service Commission, reduces the cost of service by up to $12.75 per month or provides minutes to an eligible cellular service. Some companies are not eligible to participate in this program. If you are unsure of your companies' participation, please see the enclosed list.

APPLICANT INSTRUCTIONS: PLEASE PRINT CLEARLY. Read this application completely **(Fronts and Backs).** In order to be approved for assistance you must complete and sign this application. ALL AREAS NEED TO BE COMPLETED. Provide all documents requested, sign this application and return it to the NTAP department at: **PO Box 94927, Lincoln, NE 68509. Completion of this application does not guarantee approval. After your application is reviewed; further documents may be required.**
Have Questions: Call 1-800-526-0017 or in Lincoln, 402-471-3101

United States Citizenship Attestation: For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows (Please select one):

☐ I am a citizen of the United States
----OR ----

☐ I am a qualified alien under the federal immigration and Nationality Act, my immigration status and alien number are as follows: My alien number is: ______________________________ and I agree to provide a copy of my USCIS documentation upon request.

Members of the Applicant's Household

A "household" is any individual or group of individuals (related or unrelated) who are living together at the same address as one economic unit. If an adult has no or minimal income and lives with someone who provides financial support to him/her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents/guardians.

Please list requested information for applicant and all members of your household below.

First Name	MI	Last Name	Complete Social Security Number	Date of Birth (Month/Day/Year)

****PLEASE NOTE: THIS APPLICATION IS PRINTED FRONT AND BACK. REMEMBER TO DOUBLE CHECK EACH SIDE TO MAKE SURE YOUR APPLICATION IS COMPLETE****

Nebraska Telephone Assistance Program (NTAP) Applicant Information-Please Print

Applicant Name: Last ______________________________ First __________________________________ MI_______

Last 4 digits of Applicant's Social Security Number: _________________ Applicant's Date of Birth: _____/_____/______

Complete Street Address of where you live (This cannot be a PO Box and must be the address listed or will be listed with your company):

Street Address: ____ Apt-Room-Lot Number: ____________

City: ______________________________ State: __________ Zip Code: ________________

Please check one: Is the address listed above: ☐ **Temporary** ☐ **Permanent**

Mailing Address: ONLY if different from the address you listed above. This can be a PO Box.

Mailing Address: ____

City: ______________________________________ State: ________ Zip: ____________

Members of the Applicant's Household

A "household" is any individual or group of individuals (related or unrelated) who are living together at the same address as one economic unit. If an adult has no or minimal income and lives with someone who provides financial support to him/her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents/guardians.

How many people live in your household, including applicant ______________ (this needs to be a number greater than zero).

Please read definition of household above. Household does not include others living at apartment complex, nursing home or assisted living building, only those at your specific address.

Is there more than one household at the address you listed above? Check ☐ **NO or** ☐ **YES**

Account INFORMATION ***PLEASE NOTE*** Not all companies participate with NTAP or provide NTAP in all coverage areas. For participating companies please see list, if included, or contact the NTAP department. **If you are applying for a free phone and minutes, you will need to contact the phone company, set up an account and obtain your reserved phone number.** Also, you must use the phone at least once every thirty (30) days or your phone will be disconnected and you will need to reapply.
NOT ALL ACCOUNTS QUALIFY

If you currently have phone service please complete the information below:

Name of My Company: ____

My Phone Number is: (______) ____

Customer Name on Account/ Bill: ____
The account must be in/contain the applicant's name

If you don't currently have phone service and are checking if you're eligible, mark

I Do Not currently have phone service: __________

If you don't currently have phone service, but know what service provider you want: Make sure the phone company participates. Next, you will need to contact the company you wish to have service with and set up an account. Then do the following:

1. Set up your account with the phone company and obtain your phone number.
2. Complete information requested below.

Name of My Company: ____

My Phone Number is: (______) ____

Customer Name on Account/ Bill: ____
The account must be in/contain the applicant's name

ELIGIBILITY REQUIREMENTS: ELIGIBLE PROGRAMS-Mark the box next to which program(s) you currently receive or if you qualify based on income. If requested please send documentation showing your current participation. See section below for income guidelines. You do not have to meet both program and income guidelines to be eligible.

YOU ONLY NEED TO BE RECEIVING ONE ELIGIBLE PROGRAM

- ☐ Medicaid-No Proof Needed, unless NTAP is unable to verify
- ☐ Supplemental Nutrition Assistance Program (SNAP)-No Proof Needed, unless NTAP is unable to verify
- ☐ Children's Health Insurance (CHIP)-No Proof Needed, unless NTAP is unable to verify
- ☐ Federal Public Housing-See section below
- ☐ Supplemental Security Income (SSI) -Current award letter from Social Security Administration
- ☐ Veterans Pension Benefit/Survivors Pension Benefit-Pension grant, cost of living adjustment(COLA), or Survivors benefit summary letters-NOT Retirement benefits
- ☐ My household income is at or below 135% of the poverty level-See below

PROOF OF FEDERAL HOUSING: You may do one of the following:

When submitting documentation, please do not submit a document that is over 1 calendar year old

The document may be for the applicant, applicant's dependent or a member or the applicant's household

1. You can provide a Federal Public Housing award letter. The letter should contain: the name of the program, date of the award: Name of the award beneficiary and award amount.

2. You can provide a copy of your Federal Public Housing Lease agreement or voucher. This document should clearly list the type of public housing assistance credit that is issued.

3. If you don't have an award letter, lease agreement or voucher, you will need to contact your housing agency and request one of the above documents.

NTAP ELIGIBLILTY BASED ON INCOME GUIDELINES: Income is all income received by all members of a household. This includes, but is not limited to: salary before deductions of taxes, public assistance benefits, social security payments, pensions, lottery winnings, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, workers' compensation benefits, and gifts.

Household Size	1	2	3	4	For each add'l person
Income at or below	$16,281	$21,924	$27,567	$33,210	Add $5,643

If qualifying under income you must provide copies of documentation to show that your annual income is at or below 135% of the poverty level. Below is a list of documents accepted to show proof of income. When submitting documentation, please do not submit a document that is over 1 calendar year old. If possible, please send a copy of the documents you are submitting. Submitted documents will not be returned.

Salaries, Wages, Tips, Commissions, etc.: Three consecutive months of paystubs, your most recent W2 forms or last year's income tax form. If you are self-employed; send a copy of your recent income tax form.

Retirement, Social Security or Pensions: Copies of your award notice or statement of benefits letter.

Workers' Compensation, Unemployment or Disability: Copy of the letter you received from Workers' Compensation, letter from State employment office, check stubs or your award letter from the Social Security Office.

Veterans Pension Benefit/Survivors Pension Benefit: Copy of your pension grant letter, Cost of Living Adjustment (COLA) letter or Survivors benefit summary letter.

Child Support or Alimony: Copy of checks received, court decree or legal agreement.

Other: Any award letters or benefit statements of other income received.

CERTIFICATION STATEMENTS: Each of the statements MUST be INITIALED in order to receive assistance. By reading and marking each statement I Certify Under Penalty of Perjury and understand that failure to comply with the statements below will result in removal of credits provided on my account, loss of minutes or termination of your service.

Initial _______: I understand that I will not be able to transfer my NTAP benefit to another provider for 60 days if I have voice service, or 12 months if I have broadband service unless, I move, my provider is no longer in service, my provider fails to provide service, my provider has imposed late fees for non-payment on the service greater than or equal to the monthly charge for service or my provider is found in violation of Commission rules for the benefit year and I am impacted by the violation.

Initial _______: I agree to complete a new application, notify my provider and NTAP within 30 days of moving.

Initial _______: I understand completion of this application does not constitute immediate acceptance into this program.

Initial _______: I understand that I will be required to recertify my information and provide proof of participation in one of the programs listed in the eligibility section of this application or provide proof that my income is currently at or below 135% of the poverty level at any time. I understand that failure to recertify my information and/or provide proof of current participation in one of the programs listed in the eligibility section of this application or that my income is currently at or below 135% of the poverty level will result in being de-enrolled (having the credit removed from my account or termination of service) from the program.

Initial _______: I understand that NTAP is a non-transferable benefit and that I may not transfer this benefit to any other person.

Initial _______: I understand that NTAP is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment (credit being removed or termination of service) or being barred from the program.

Initial _______: I understand that at any time I may be requested to re-certify my continued eligibility and that if I fail to re-certify it will result in me being de-enrolled (credit removed from my account or termination of service) from the program.

Initial _______: I understand that if I am receiving more than one NTAP credit or if for any reason I no longer satisfy the criteria outlined in this application to receive NTAP support I will notify my company and NTAP within 30 days and that failure to abide by this requirement may result in penalties or being de-enrolled (credit removed from my account or termination of service) from the program.

Initial _______: I understand that there can only be one supported line per household, I have read the definition of household provided above and I understand that if I violate the one supported line per household rule it violates the FCC's rules, I will be de-enrolled (credit removed from my account or termination of service) from the program and this violation could result in criminal prosecution by the U.S. Government.

Initial _______: I will notify my provider and NTAP within 30 days if my household is receiving more than one NTAP benefit or if at the time that I am applying for NTAP assistance another person in my household is already receiving assistance from the program. I understand that failure to follow this requirement may result in penalties or being de-enrolled (credit removed from my account or termination of service).

Initial _______: I agree to notify NTAP within 30 days of changing my phone number.

Initial _______: I agree to notify NTAP and complete a new application requesting assistance if I decide to change my provider.

Initial _______: I understand that if I am completing this application due to a change of providers, it will not result in more than one NTAP supported account in my household or I understand that in the future if I change providers, this change cannot result in more than one NTAP supported account in my household.

Initial _______: I currently participate in one of the programs listed in the eligibility section of this application or that my income is currently at or below 135% of the poverty level and I have provided proof of participation or proof of income if required to do so.

Initial _______: I understand it is my responsibility to notify NTAP and my provider within 30 days after I no longer participate in at least one of the qualifying programs or that my income is no longer at or below 135% of the poverty level and that failure to abide by this requirement may result in penalties or being de-enrolled (credit removed from my account or termination of service).

I hereby certify that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States. I further certify, under penalty of perjury, the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive assistance from this program. By signing this application, I hereby give consent to release my information provided in this application to the administrator of the Lifeline Program-Universal Service Administrative Company and I understand that the information released will be kept confidential.

Applicant Signature: ______________________________ ***Date:*** __________

****POA Signature:** ______________________________ **Date:** __________

*** If an authorized representative is signing the application, a copy of the Durable Power Of Attorney or Guardianship document must be included**