

LIFELINE TELEPHONE ASSISTANCE APPLICATION (to be completed by Nemont)
Apply discounts to Telephone Number/Account listed below:

Customer Number: _____ Telephone/ Broadband Number: _____ Service Order #: _____

Name on Account: _____
First Last CSR: _____

Forms of ID: _____

Documentation provided meets criteria for the program checked below:

- | | |
|--|---|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Supplemental Security Income (SSI) Benefits |
| <input type="checkbox"/> Tribal Head Start (meeting income-qualifying standards) | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Federal Public Housing Assistance (Section 8) | <input type="checkbox"/> Food Distribution Program on Indian Reservations |
| <input type="checkbox"/> Bureau of Indian Affairs General Assistance | <input type="checkbox"/> Veterans Pension & Survivors Pension Benefit |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)- Tribally Administered | |
| <input type="checkbox"/> Household Income is at or below 135 percent of the Federal Poverty Guidelines | *Number of Individuals in Household: _____ |

Will also need to scan in the additional Household Income Information received and approved by Account Staff.

Document for Program Provided: _____

- | | |
|---|--|
| <input type="checkbox"/> Tribal Address | <input type="checkbox"/> Rural Address |
| <input type="checkbox"/> Temporary Address (Follow up Needed) | |
| <input type="checkbox"/> Tribal Benefit | <input type="checkbox"/> Lifeline Household Worksheet Received |

Verified by: _____

Form: C-12
Updated: Nov. 2016 PLW

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**Lifeline
Telephone
Assistance
Application**



800.636.6680
www.nemont.com

November 2016

LIFELINE TELEPHONE ASSISTANCE APPLICATION

*Required Fields

The Federal Lifeline program helps low-income Americans access affordable phone service by providing ONE discount on ONE monthly basic telephone service (either wireline or wireless) for qualified households.

Failure to provide approved documentation to verify your first and last name, date of birth and the last four digits of your SSN may result in a return trip to the office should your application be denied in the National Database.

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.

***Name of Applicant:** _____
Last First MI

***Physical Residential Address:** _____
 Permanent Temporary (must be within Nemont Service Area) City State Zip Code

Billing Address if different: _____
Billing Address City State Zip Code

***Social Security #:** _____ and/or ***Tribal Identification:** _____ ***Date of Birth:** _____
Last four digits Full Identification number MM-DD-YYYY

***Apply discount to this phone number:** () _____ **or *Broadband Number:** _____

Federal rules allow each "household" to have a Lifeline discount on one wireline OR one wireless telephone for qualified households. A household is not permitted to receive Lifeline benefits from multiple providers. A "household" is defined, for purposes of the Lifeline program, as "any individuals who live together at the same address and share income and expenses."

I, my dependant, or someone in my household is currently receiving assistance benefits from one of the following programs below, have provided current documentation from the agency, and completed all required forms.

Please check the program(s) for which you will provide documentation:

- | | |
|--|---|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Supplemental Security Income (SSI) Benefits |
| <input type="checkbox"/> Tribal Headstart (meeting income qualifying standards) | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Veterans Pension a survivors pension benefit | <input type="checkbox"/> Food Distribution Program on Indian Reservations |
| <input type="checkbox"/> Federal Public Housing Assistance (Section 8) | |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)-Tribally Administered | |
| <input type="checkbox"/> Bureau of Indian Affairs General Assistance | |
| <input type="checkbox"/> Household Income is at or below 135 percent of the Federal Poverty Guidelines | |

***Number of Individuals in Household:** _____

Additional information is required if selecting the Household Income program; you may request this form at any retail office or by contacting Customer Service at Nemont for the Household Income form.

Applicant information is kept confidential, except as authorized below.

***Benefit Qualifying Person:** _____
First Last

***Date of Birth:** _____ ***Social Security #:** _____ ***Relationship:** _____
Last four digits

I acknowledge to the best of my knowledge, no one else in the household is receiving Lifeline.

_____ **I certify under penalty of perjury that my household does not receive any other discounts from Nemont or any other service provider.**
Please initial.

_____ **I certify under penalty of perjury that I am living on an Indian Reservation within the Nemont service area.**
Initial if you are living on an Indian Reservation.

I agree to notify Nemont within 30 days, if I change locations or when I no longer qualify for any of the programs listed above.

I hereby authorize Nemont to access any records to verify my statements on this form and to confirm my eligibility for the Lifeline program. I also authorize Nemont to release any records required for the administration of the Lifeline program, including name, telephone number, address, date of birth, SSN or Tribal ID as required by law, means of qualification for support, and dates of service to USAC to be used in a Lifeline database and to ensure the proper administration of the Lifeline Program. Failure to consent will result in denial of service. My continued eligibility in one of the programs shown above will be subject to annual recertification by Nemont, and I understand I may lose my benefits if I fail to respond.

Violation of the one-per household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program, and possible prosecution by the U.S. Government.

Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

I acknowledge that everything in the application is true, and understand providing false information to receive Lifeline is punishable by law.

***Applicant's Signature:** _____ ***Date:** _____

Can Be Reached Number: () _____

Received:

Fax, mail, or e-mail to lifeline@nemont.coop or bring your completed application, and current documentation for the program marked above, to one of our offices located in Scobey, Glasgow, Plentywood, Wolf Point, Poplar, Worden, and Crow Agency, MT or Williston, ND.

Form: C-11
Updated: Nov. 2016 PLW

Nemont Billing Department • PO Box 600 Scobey, MT 59263-0600
Questions? Please call 1-800-636-6680 • Fax: 1-406-783-5639

