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)

___ Medicaid
___ Food Stamps
___ Supplemental Security Income (SSI)
___ National School Lunch Program
___ Head Start
___ Federal Public Housing Assistance
___ Low Income Home Energy Assistance Programs
___ Bureau of Indian Affairs/General Assistance Programs
___ Tribally Administered Temporary Assistance
___ 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