



Gila River Telecommunications, Inc.

Box 5015, 7065 W. Allison Rd Chandler, AZ 85226

Phone (520) 796-3333 | Fax (520) 796-7534

www.gilarivertel.com | grti.info@gilarivertel.com

Here is a helpful check list for submitting your Enhanced Lifeline Program form.

- Complete the Enhanced Lifeline Program Form.

- Provide a copy of the award letter from the **program** you marked under Section 2 of 3.

- If you qualify under **income** you will need to enclose a copy of one (1) of the following:
 - Current income statement from employer or three consecutive check stubs
 - Social Security statement of benefits
 - 2017 tax return statement
 - The last 3 per-capita check stubs - only IF it is your sole source of income

- Return to GRTI with ATTN: Enhanced Lifeline Specialist
 - Mail: 7065 W. Allison Rd, Box 5015, Chandler, AZ 85226 - Using enclosed envelope
 - Fax: (520) 796-1065
 - E-mail: grti.info@gilarivertel.com

If you have any questions or need help renewing your Lifeline benefit, contact Nicole Baptisto at (520) 796-8816 or e-mail to nbaptisto@gilarivertel.com.



2018 Lifeline Program Annual Recertification Form

New Applicant

Recertification

Version 03.26.2018

If you receive a Lifeline Program benefit and would like to re-certify your continued eligibility by mail, you must complete and return this form within 60 days. If you do not return this form within 60 days or if the form is incomplete/illegible, Gila River Telecommunications, Inc. will remove your monthly Lifeline discount. This may result in an increased monthly phone bill.

Section 1 of 3: Subscriber Information

1. First Name:		2. Last Name:	
3. Lifeline Supported Telephone Number (if applicable):		4. Date of Birth (mm/dd/yyyy):	
5. Last 4-digits of SSN:	6. Tribal Identification Number (if no SSN):		
7. I reside on Tribal Lands*: Yes No (check one)			

*Tribal lands include any federally recognized Indian tribe's reservation, pueblo, or colony, including former reservations in Oklahoma; Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688); Indian allotments; Hawaiian Home Lands - areas held in trust for Native Hawaiians by the state of Hawaii, pursuant to the Hawaiian Homes Commission Act, 1920 July 9, 1921, 42 Stat. 108, et. seq., as amended; and any land designated as such by the Commission for purposes of this subpart pursuant to the designation process in [47 C.F.R.] § 54.412.

Subscriber's address of primary residence (no P.O. Box):

8. Street Address:		9. Apt:	
10. City:	11. State:	12. Zip Code:	
13. Is this a temporary address?: Yes No (check one)			

Billing Address, if different from service address (may include P.O. Box):

14. Street Address:		15. Apt.:	
16. City:	17. State:	18. Zip Code:	

Section 2 of 3: Eligibility for Lifeline and Link-Up

Link-Up: Select Link-Up if you are signing up for new service and an installation fee applies. Link-up provides a discount.

Complete this section to indicate that you, a dependent, or a household** member receives benefits from at least one qualifying federal program or qualifies through income requirements. **A household is any individual or group of individuals who live together at the same address and share income and expenses.

Complete this section if you qualify through a program

Check all programs you/your household participates in:

- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Medicaid
- Federal Public Housing Assistance
- Veterans Pension and Survivors Benefit Programs

Tribal-Specific Programs

- Bureau of Indian Affairs General Assistance
- Tribally-Administered Temporary Assistance for Needy Families (TTANF)
- Food Distribution Program on Indian Reservations (FDPIR)
- Head Start (only households that meet the income qualifying standard)

Complete this section if you qualify through income

My household income is at or below the amount listed for my state and household size on the chart below. Including myself, my household size is:

OR

Household Size	48 Contiguous States & D.C.
1	\$16,389
2	\$22,221
3	\$28,053
4	\$33,885
5	\$39,717
6	\$45,549
7	\$51,381
8	\$57,213
Each additional member add:	\$5,832

When applying please include a copy of award letter from the program checked above.

When qualifying using income guidelines please include copies of either 3 check stubs, social security benefits letter, or per-cap check stub. These will be your sole source of income.

Section 3 of 3: Required Certifications:

**Initials
Required**

I hereby verify under penalty of perjury that:

1. I (or my dependent or other members of my household) currently receive(s) benefits from the federal program(s) identified or my annual household income is at or below 135 percent of the Federal Poverty Guidelines (or the amount that applies to my state as indicated in the chart on page 1).

2. I understand that I must notify my service provider within 30 days (1) of my new address if I move or (2) if for any reason I no longer satisfy the criteria for receiving Lifeline benefits including: (a) I, or the eligible person in my household, no longer meet the program or income eligibility criteria or (b) my household receives more than one Lifeline discounted service (i.e., more than one Lifeline broadband service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband services).

3. I acknowledge that my household can only receive one Lifeline Program benefit and, to the best of my knowledge, my household is not receiving more than one Lifeline benefit (i.e., only receiving a benefit for one home phone service or for one mobile phone service, but not both).

4. I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, the last four digits of my Tribal Identification Number, the telephone number that is associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit ended, the amount of support sought by my service provider, and the means through which I can qualify for the Lifeline Program benefit. I understand that the transmission of this information is required to ensure proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits.

5. All of my responses and acknowledgments provided on this recertification form are true and correct to the best of my knowledge.

6. I acknowledge that willingly making false statements or providing or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program.

7. I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program will result in my removal from the Lifeline Program and termination of my Lifeline benefit.

8. (Initial only if you checked yes in box 7 on page 1) I am seeking to qualify for Enhanced Lifeline as an eligible resident of Tribal lands, as I live on Tribal lands as defined in Section 54.400(e) of the Lifeline rules.

Lifeline is a federal benefit that makes monthly telephone and broadband service more affordable for eligible households. Your household may receive the Lifeline benefit for telephone service OR broadband service. For Lifeline telephone service, your household may receive the Lifeline benefit for one mobile OR one fixed home telephone service, not both. For Lifeline broadband service, your household may receive the Lifeline benefit for one mobile broadband OR one fixed broadband service, but not both. Your household may not receive the Lifeline benefit from more than one service provider. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income or expenses. Lifeline is a non-transferable benefit. You may not transfer your Lifeline benefit to another person, even if he or she is eligible. You will lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive the Lifeline benefit.

Signature

Today's Date

Send your completed form to the attention of: GRTI/Enhanced Lifeline Specialist	
Mail:	7065 W. Allison Rd, Box 5015 Chandler, AZ 85226
Fax:	(520) 796-1065
E-mail:	grti.info@gilarivertel.com

Internal Use: Award Letter Rec'd Documents Scanned CRM Notes Service Order No. _____