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415 4<sup>th</sup> St, PO Box 588, Brookings, SD 57006-0588

local wireline & Internet service, plus wireless service from...



Application

Lifeline  
Discount  
2016

One discount per household: Household is defined as everyone residing at the same address sharing income and household expenses, anyone living with their parent or legal guardian is considered part of that household, a low-income subscriber living with someone who provides them financial support is part of that household. One discount allowed for the household at that address.

Application for Lifeline Discount (please print)

NAME \_\_\_\_\_  
(First) (M. I.) (Last)

ADDRESS \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_  
Permanent physical service address; No PO Box #.

Social Security # (last four digits) \_\_\_\_\_ Date of Birth (required) \_\_\_\_/\_\_\_\_/\_\_\_\_

Swiftel / Sprint PCS Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Account Number \_\_\_\_\_

1. I currently receive a Lifeline discount on other telecommunications service. \_\_\_\_ Yes \_\_\_\_ No  
If 'Yes' is checked, customer does not qualify for additional discount on Swiftel/Sprint PCS services..

2. I am stating that I qualify for the requested discount because:

A. I, or a member of my household, participate in the program(s) checked below; I agree to furnish proof of the participation to Swiftel:

- \_\_\_\_\_ Medicaid (not the same as Medicare)
- \_\_\_\_\_ Supplemental Nutrition Assistance Program (formally known as Food Stamps)
- \_\_\_\_\_ Supplemental Security Income (SSI)
- \_\_\_\_\_ Federal Public Housing Assistance
- \_\_\_\_\_ Low-Income Home Energy Assistance
- \_\_\_\_\_ Temporary Assistance for Needy Families (TANF)
- \_\_\_\_\_ National School Lunch (NSL) free lunch program

B. \_\_\_\_\_ My household income is at or below 135% of the Federal Poverty Guidelines based on a household of \_\_\_\_\_ people. (see information on the back of this sheet)

I understand I qualify to receive the Lifeline assistance discount on my primary residential telephone line as shown above.  
I agree to comply with future requests from Swiftel Communications to Re-Certify the Lifeline qualification.  
I agree to notify Swiftel Communications when I no longer qualify based on the criteria indicated above.  
I agree to notify Swiftel Communications within 30 days if my primary residential address changes.  
I understand that failure to comply with any Lifeline program requirement may result in the removal of my discount.  
I authorize the administrative office for any program indicated above to verify my participation to Swiftel Communications.  
I CERTIFY UNDER PENALTY OF LAW THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## HOUSEHOLD INCOME GUIDELINES (2016)

Use the chart below to determine income eligibility of applicants for the Lifeline discounts.

Applicants are required to provide certification indicating the number of individuals in their household and documentation accurately representing the consumer’s total annual household income. “Income” means all income actually received by all members of the household. It includes:

- salary before deducted taxes
- public assistance benefits
- Social Security payments
- retirement/pension fund payments
- veteran’s benefits
- unemployment compensation
- The only exceptions are student financial aid, military housing and cost-of-living allowances, and irregular income from occasional small jobs such as baby-sitting or lawn mowing.
- worker’s compensation benefits
- inheritances
- alimony
- child support payments
- gifts
- lottery winnings

Acceptable income documentation includes:

- prior year federal/tribal tax return,
- current income statement/paycheck stub from an employer for three consecutive months during the previous six months
- Statement of Benefits from any of the following for three consecutive months during the previous six months:
  - Social Security Administration
  - Retirement/Pension Fund
  - Unemployment/Worker’s Comp Admin
  - Veterans Administration
- Federal/Tribal notice or letter of General Assistance participation
- Court Order: Divorce decree (alimony), Child Support statement, or Probate (inheritance)

Size of Family Unit	For 2016: 135% of the Federal Poverty Guidelines Income for the 48 Contiguous States
1	\$16,038/yr.
2	\$21,627
3	\$27,216
4	\$32,805
5	\$38,394
6	\$43,983
7	\$49,586
8	\$55,202
For each additional person, add...	\$5,616/yr.