



**Mescalero Apache Telecom Inc.**  
**PO Box 229, Mescalero, NM 88340**  
**Office 575/464-4039 Fax 575/464-0311**



## 2017 Lifeline Re-Certification Form

**Customer Name** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_  
Please print clearly

**Physical Address:** \_\_\_\_\_ **Permanent** \_\_\_\_\_ **Temporary** \_\_\_\_\_  
If temporary must verify residential address every 90 days

**Billing Address:** \_\_\_\_\_ **I reside on Tribal Lands**               (check one)  
If different from physical address                
Yes No

If you receive a lifeline benefit and would like to recertify your continued eligibility, you must complete and return this form within 60 days. **IF YOU DO NOT RETURN THIS FORM WITHIN 60 DAYS ALONG WITH PROOF OF ELIGIBILITY YOUR MONTHLY LIFELINE DISCOUNTS WILL BE REMOVED.** This may result in an increased monthly phone bill,

Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline is a non-transferable benefit and may not be transferred to any other person.

**I certify under the penalty of perjury that I am not receiving lifeline service from another provider (wireless or wireline). I also certify under penalty of perjury that I, my dependent or a member of my household currently receive benefits from the following program and have provided a copy of card or letter with this form (check the box next to the program that applies and name of the member receiving benefits):**

- Name: \_\_\_\_\_
- Federal Public Housing Assistance or Section 8
  - Temporary Assistance for Needy Families  Tribal
  - Supplemental Security Income (SSI) (cannot use Social Security Income)
  - Head Start (Only those meeting its income qualifying standard)
  - Medicaid (cannot use Medicare)
  - Income at or below 135% of the Federal Poverty Guidelines
  - Food Stamps (SNAP)
  - BIA TANF
  - Veteran's Pension & Survivor's Pension

Family Size		Annual Income	Family Size		Annual Income
1		\$ 16,038.00	4		\$ 32,805.00
2		\$ 21,627.00	5		\$ 38,394.00
3		\$ 27,216.00	6		\$ 43,983.00

For each additional person, add \$5,616

Please read and initial each of the following lines to certify your participation:

- Applicants applying for lifeline under the income criteria must submit document of proof of household income to determine eligibility (prior year's tax return, current paycheck stubs(3 months), SSI statement of benefits, etc.)
- I further agree to notify MATI immediately if I cease to participate in the program listed above.
- I understand that it is my responsibility, as the customer to re-certify for lifeline every 12 months.
- Only one lifeline service is available per household
- I acknowledge & consent to MATI providing account name, telephone number and address to USAC for the purpose of verifying that I do not receive more than one lifeline benefit

CUSTOMER SIGNS UNDER PENALTY OF PERJURY THAT THE INFORMATION OF ELIGIBILITY IS TRUE AND ACCURATE TO THE BEST OF THEIR

Authorized Signer's Signature \_\_\_\_\_ Date \_\_\_\_\_