



ENHANCED **LIFELINE** AND **LINK-UP** ASSISTANCE APPLICATION

Please fill out the application completely.

Enhanced Lifeline assistance is available to low income customers living on a reservation. Those who qualify may pay as little as \$1.00 per month for the basic local service portion of their bill. Taxes, fees, long distance, phone accessories and calling features are not discounted. Discounts will be applied to your Nemont bill once the signed self-certification form is received by Nemont. Certain restrictions may apply.

Name of Applicant: _____
Last First MI

Mailing Address: _____
City State Zip

Social Security Number: _____ Date of Birth: _____

Residential Landline/Wireless number: _____
(Residential Landline/Wireless service MUST be in applicant's name.)

Apply discounts to (please check ONE): Residential Landline Wireless
(Discounts can only be applied to one Nemont telecommunications service per applicant.)

Contact number—daytime phone: _____

I am currently receiving assistance benefits from at least one of the following programs and I live on a reservation:

- Medicaid
 - Bureau of Indian Affairs General Assistance
 - Temporary Assistance for Needy Families (TANF)
- State or Tribally Administered
 - Head Start (meeting income-qualifying standards)
 - National School Lunch (NSL) Free Lunch
 - Food Stamps
 - Supplemental Security Income (SSI) Benefits
 - Federal Public Housing Assistance (Section 8)
 - Low Income Home Energy Assistance Program (LIHEAP)
 - Household Income is at or below 135 percent of the Federal Poverty Guidelines
- (Additional information is required if selecting this Household Income program.)

I agree to notify Nemont when I no longer qualify for discounted services based on the above criteria.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE. I have read the information on this application and understand that I must meet at least one of the above qualifications to receive Enhanced Lifeline/Link-Up assistance on my primary residential landline or wireless phone. **I also certify that I am only receiving a discount on one Nemont telecommunications service.** I further authorize Nemont, the Tribal government, and the Department of Health and Human Services to use my Social Security number and to communicate about my enrollment, eligibility or continued eligibility in the programs shown above. I agree that these entities may share the type of information provided above in order to verify my enrollment status. My continued eligibility in the programs shown above may be subject to random verification by Nemont.

Applicant's Signature Date

Fax, mail or bring your completed application to one of our offices located in Scobey, Glasgow, Poplar, Crow Agency and Wolf Point:
Nemont • Customer Service Department • P.O. Box 600 • Scobey, MT 59263-0600
Questions? 783-2200 or 1-800-636-6680 • Fax: 783-5275

All applicant information is kept confidential.

Revised: 12/12/05

**FOR OFFICE
USE ONLY:**

S.O.# _____

CSR: _____
