

**Copper Valley Telephone Cooperative
OFFERS LIFELINE AND LINKUP PROGRAM
TO QUALIFYING LOW-INCOME RESIDENTIAL
CUSTOMERS**

If qualified under *LIFELINE/LINKUP*, you will receive the following discount off monthly service fees:

**-8.25 LIFELINE SERVICE CREDIT
-3.50 ALASKA LIFELINE SERVICE CREDIT
-1.75 ADDL FED LIFELINE CREDIT
-5.45 ENHANCED LIFELINE CREDIT**

-18.95 total monthly discount

- Toll restriction service offered without fee.**
- Lifeline customers who elect toll restriction will not be required to pay a deposit in order to initiate LIFELINE SERVICE.**
- Installation charges are at reduced rates.**

***Compare with CVTC's regular*
MONTHLY SERVICE WITHOUT LIFELINE DISCOUNT
13.45 + 6.50 + .60 + .10 + = \$20.65**

Further information regarding these and other services provided by COPPER VALLEY TELEPHONE COOPERATIVE, INC. are available by calling our Valdez office at (907) 835-2231, at 329 Fairbanks St. or our Glennallen office at (907) 822-3551, at Mile 188.8 Richardson Hwy.

Certification of Eligibility for Lifeline/Link Up Service

PHONE# _____

Program Based Criteria:

A customer is eligible to participate in the Enhanced Lifeline program if the customer is receiving benefits from one of the following programs. Please check the appropriate box for the program you are receiving assistance from:

- Medicaid
- Food Stamps
- Supplemental Security Income
- Federal Public Housing Assistance
- Low Income Home Energy Assistance Program
- Bureau of Indian Affairs General Assistance
- Tribally-Administered Temporary Assistance for Needy Families
- Head Start Programs (only those meeting income qualifying standard)
- National School Lunch Program (free meals program only)
- Alaska Temporary Assistance Program
- Alaska Adult Public Assistance Program

I, _____ certify under the penalty of perjury that I am receiving benefits from the program checked above. I also certify that the location at which residential service is requested is my principal place of residence. I will immediately notify Copper Valley Telephone if I stop participating in the program listed above.

Printed Name of Applicant

Signature of Applicant

Date _____

(CVTC USE)

Lifeline/link up discount _____

Tls discount (t/r or collndny) _____

Certification of Eligibility for Lifeline/Link Up Service

PHONE# _____

Income Based Criteria:

A customer is eligible to participate in the Enhanced Lifeline program if the customer lives in a household with income at or below 135 percent of the applicable federal poverty guidelines for the State of Alaska (see attached for current guidelines).

To qualify a customer must:

1. certify under penalty of perjury as to the number of individuals in the customer's household and the customer's household income;
2. agree to notify CVTC when the customer's household income exceeds the 135 percent threshold; and
3. provide documentation of income in the form of:
 - A previous year's state or federal tax return;
 - A current income statement from an employer or paycheck stub;
 - A statement of benefits from the Social Security Administration;
 - A statement of benefits from the United State Dept. of Veterans Affairs;
 - A retirement or pension statement of benefits;
 - An unemployment or workers compensation statement of benefits
 - A federal or tribal notice letter of participation in general assistance;
 - A divorce decree or child support document; or
 - Any other official document issued by a provider of income to document that income.

*if documentation does not cover a full year, documentation must cover at least three consecutive months in a current calendar year. Documentation is required if the customer has NOT provided it to CVTC in the past.

I, _____ certify under the penalty of perjury that _____ (number) people live in my household and that my household's income is _____. I certify that because of these factors I am qualified for the Lifeline/Linkup program based on the criteria listed above. I also certify that the location at which residential service is requested is my principal place of residence. I will immediately notify Copper Valley Telephone if/when my household income exceeds the 135 percent threshold.

Printed Name of Applicant
Date _____

Signature of Applicant

(CVTC USE)

Lifeline/link up discount _____

Tls discount (t/r or collndny) _____

Type of documentation of income received from Customer _____

2007 HHS Poverty Guidelines

Persons in Family or Household	Alaska	With 135%
1	\$12,770	\$17,239.50
2	17,120	23,112.00
3	21,470	28,984.50
4	25,820	34,857.00
5	30,170	40,729.50
6	34,520	46,602.00
7	38,870	52,474.50
8	43,220	58,347.00
For each additional person, add	4,350	5,872.50

Source: Federal Register, Vol 72, No. 15, January 24, 2007, pp. 3147-3148