



**LIFELINE/LINK UP AMERICA ON TRIBAL LANDS PROGRAM  
AUTHORIZATION AND SELF-CERTIFICATION FORM**

You are required to complete and sign this certification form in order to enroll you in BTC Broadband's "Enhanced" Lifeline and/or "Expanded" Link Up programs as approved by the Federal Communications Commission (FCC). This authorization is only for the purpose of verifying your participation in these programs and will not be used for any other purpose. **Please use black or blue ink only.**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_  
Cannot be a P.O. Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_

Cell/Work Number ( ) \_\_\_\_\_

1. I hereby certify that I participate in at least one of the following programs (**check all that apply**):

- Supplemental Nutrition Assistance Program (SNAP) \_\_\_\_\_
- Aid to Families with Dependent Children (AFDC) \_\_\_\_\_
- Supplemental Security Income (SSI) \_\_\_\_\_
- Medical Assistance (Medicaid) \_\_\_\_\_
- Vocational Rehabilitation (including aid to the hearing impaired) \_\_\_\_\_
- Oklahoma Sales Tax Relief \_\_\_\_\_
- Federal Public Housing \_\_\_\_\_
- Low Income Energy Assistance Program \_\_\_\_\_
- Bureau of Indian Affairs General Assistance \_\_\_\_\_
- Temporary Assistance for Needy Families (TANF) tribally –administered block grant programs \_\_\_\_\_
- Head Start Programs (eligible income qualified only) \_\_\_\_\_
- National School Lunch Program (free meals only) \_\_\_\_\_

2. By signing below I also certify that:

- The telephone service for which I am requesting (Enhanced Lifeline and/or Enhanced Link Up programs) are listed in my name.
- I am not listed on another person's tax return.
- I do not receive a Lifeline discount from any other provider and I am aware that I can only receive the Lifeline discount on one phone line.
- The above service address is my primary residence, not a second home or business and to the best of my knowledge the mentioned service address is located on former tribal land/reservation (as defined in Title 25 Code of Federal Regulation, Section 20.1, paragraph (v)).

3. I authorize BTC Broadband or its duly appointed representative to access any records required to verify these statements in order to confirm my continued participation in the above program. I also authorize representatives of the above programs to discuss with and/or provide copies to BTC Broadband, if requested by the company, to verify my participation in the above program and my eligibility for "Enhanced" Lifeline or "Expanded" Link Up benefits. If in the future, I no longer participate in at least one of the programs listed in item 1 above or conditions in item 2 above change, I will notify BTC Broadband.

I affirm, under penalty of perjury, that the foregoing representations are true.

Applicant's Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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