



Hopi Telecommunications, Inc.

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Your LOCAL Telecom Provider

ENHANCED LIFELINE & EXPANDED LINK UP APPLICATION

PLEASE PRINT CLEARLY

FULL NAME: _____

TELEPHONE NUMBER: **928-** _____

BILLING ADDRESS: _____

DATE OF BIRTH: _____

CITY/STATE/ZIP: _____

SOCIAL SECURITY #: _____

Enhanced Lifeline and Expanded Link Up is a program mandated by the FCC and was put into affect on October 1, 2001. The Enhanced Lifeline (E-Lifeline) is a credit that is applied to residential customer's basic monthly telephone service cost. The E-Life credit is applied to your account for a period of 12 months and is limited to one E-Lifeline credit per household. The Expanded Link Up credits a portion of the installation charge for new customers only. E-Lifeline is available to all residential customers who participate in one of the following eligible programs:

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> FEDERAL PUBLIC HOUSING ASSISTANCE | <input type="checkbox"/> FOOD STAMPS/FOOD DISTRIBUTION |
| <input type="checkbox"/> GENERAL ASSISTANCE | <input type="checkbox"/> MEDICAID/AHCCCS |
| <input type="checkbox"/> NATIONAL SCHOOL "FREE" LUNCH PROGRAM | <input type="checkbox"/> HEAD START QUALIFIERS (NEWLY) |
| <input type="checkbox"/> LIHEAP (LOW INCOME ENERGY) | <input type="checkbox"/> SUPPLEMENTAL SECURITY INCOME (SSI) |
| <input type="checkbox"/> VOCATIONAL REHABILITATION
(INCLUDING AID TO THE HEARING IMPAIRED) | |

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

- _____ Phone service is listed in your name.
- _____ You are not listed as a dependent on another person's tax return, unless over 60 years of age.
- _____ You report only one address in the state as the principal place of residence.
- _____ You may obtain a toll-block on your telephone service, free of charge. If you choose not to have a toll-block, HTI may require a security deposit.
- _____ Should you stop participating in the programs you have selected above, you must notify HTI that you are no longer eligible for E-Lifeline.
- _____ I understand that it is my responsibility, as the customer, to re-apply for the E-Lifeline program every 12 months that I participate in the above programs.
- _____ CUSTOMER SIGNS UNDER PENALTY OF PERJURY, THAT THE INFORMATION OF ELIGIBILITY IS TRUE AND ACCURATE TO THE BEST OF THEIR KNOWLEDGE.

Authorization: HTI has my permission to access any records necessary to verify these statements, to confirm or to continue participation in the programs listed above. I authorize representatives of the above programs to discuss with and/or provide copies of any records to verify my participation. Customers who have met the eligibly criteria specified will remain eligible for a period of twelve months from the date of certification. Re-certification is required yearly or at any time the qualifications change. Re-certification is the customer's responsibility.

Customer Signature

Date

APPROVED

- NEW APPLICATION
- RENEWAL
- KEYED

<p>SERVICE WILL BEGIN AS OF: _____</p> <p>E-LIFELINE WILL END ON: _____</p> <p>RE-APPLY BEFORE THIS DATE</p>
--

DENIED Reason: _____

Verified by

Date

HTI Representative

Date