

Bristol Bay
TELEPHONE
COOPERATIVE
INC

P.O. Box 259, King Salmon, AK 99613
907-246-3403 / 800-478-9100 / Fax: 907-246-1115

Lifeline and/or Link Up Services
Program Description

If you obtain state or federal assistance from certain programs, or if your household qualifies as low-income, you may be eligible to apply for the federal *Lifeline* and *Link-up* programs, which offer residential telephone service for just \$1 a month, with greatly reduced installation charges.

You may qualify for these services if you are enrolled in any of the following programs:

- ✓ Medicaid Program
- ✓ Food stamps Program
- ✓ Supplemental Security Income (SSI) Program
- ✓ Federal Public Housing Assistance Program
- ✓ Low Income Home Energy Assistance Program
- ✓ Bureau of Indian Affairs General Assistance Program
- ✓ Temporary Assistance to Needy Families
- ✓ Head Start programs (only those meeting its income-qualifying standards)
- ✓ National School Lunch Program's *Free Lunch Program*
- ✓ Alaska Temporary Assistance Program
- ✓ Alaska Adult Public Assistance Program
- ✓ Another state or federal "means test" social services assistance program

If you are not enrolled in any of the above programs, but your annual combined household income is at or below 135% of the Federal Poverty Guidelines for Alaska, you may also qualify for Lifeline and/or Link Up. You must provide income documentation. Call our office for qualifying income levels and documentation requirements.

Lifeline (for new or existing customers):

\$1.00 per month recurring charge for telephone service on *one* residential line.

Free Toll Blocking if requested.

Any extra features such as Caller ID are billed as separate charges on the customer's account.

Link Up (for new customers):

50% off new residential phone connection charges for *one* residential line.

Name: _____
Principal Residence Address: _____

Phone Number: _____

Lifeline and/or Link Up Services
Qualification Form (State or Federal Assistance)

As an applicant for federal Lifeline and/or Link Up services, I certify under penalty of perjury that I am currently receiving assistance from (check all that apply):

- Medicaid Program
- Food stamps Program
- Supplemental Security Income (SSI) Program
- Federal Public Housing Assistance Program
- Low Income Home Energy Assistance Program
- Bureau of Indian Affairs General Assistance Program
- Temporary Assistance to Needy Families
- Head Start programs (only those meeting its income-qualifying standards)
- National School Lunch Program's *Free Lunch Program*
- Alaska Temporary Assistance Program
- Alaska Adult Public Assistance Program
- Another state or federal "means test" social services assistance program
(please describe) _____

_____ I agree to notify Bristol Bay Telephone Cooperative when I am no longer receiving the
Initials assistance I have indicated.

_____ I am applying for service at my principal place of residence and that this is the primary
Initials Phone provided to this household.

_____ I certify I do not have a lifeline account with any other carrier.
Initials

Signature

Date

Bristol Bay
TELEPHONE
COOPERATIVE
 INC

P.O. Box 259, King Salmon, AK 99613
 907-246-3403 / 800-478-9100 / Fax: 907-246-1115

Lifeline and/or Link Up Services Qualification Form (Low Income)

Qualifying Income Levels (135% of the 2011 Federal Poverty Guidelines for Alaska)

Number of Persons in Household	1	2	3	4	5	6	7	8
Annual Combined Household Income	\$18,360	\$24,813	\$31,266	\$37,719	\$44,172	\$50,625	\$57,078	\$63,531

For each additional person, add \$6,453 to the annual combined household income.

As an applicant for federal Lifeline and/or Link Up services, I certify under penalty of perjury that my household's combined annual income is at or below the figures in the chart above. I understand that the term "household" means all persons who occupy my housing unit, whether they are related to each other or not.

Number of individuals in my household: _____ Combined annual income: \$ _____

I have attached the following documentation covering at least three consecutive months:

- a previous year's state, federal or tribal tax return
- a current income statement from an employer or paycheck stub
- a statement of benefits from the U.S. Social Security Administration
- a statement of benefits from the U.S Department 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
- another official document demonstrating proof of income (please describe) _____

_____ I agree to notify Bristol Bay Telephone Cooperative when my household's combined
 Initials annual income exceeds the qualifying levels listed above.

_____ I am applying for service at my principal place of residence.
 Initials

_____ I certify I do not have a lifeline account with any other carrier.
 Initials

 Signature

 Date

BRISTOL BAY TELEPHONE COOPERATIVE, INC.

TERMS AND CONDITIONS

The undersigned ("Applicant") hereby applies for membership in Bristol Bay Telephone Cooperative, Inc., ("Cooperative"), and the Applicant and Cooperative agree as follows:

1. Applicant will pay to the Cooperative the sum of \$10.00 which, if the Cooperative accepts this application, will constitute Applicant's membership fee. Upon acceptance of this application, a certificate of membership will be issued to Applicant; it being understood that membership is not transferable nor is membership fee applicable toward payment of any bill. Both husband and wife must sign applications for joint membership. Membership is offered only to entities that receive local exchange telephone service from Bristol Bay Telephone Cooperative, Inc.

2. Applicant, by paying membership fee and becoming a member, assumes no personal liability or responsibility for any debts or liabilities of the Cooperative and it is expressly understood that under the law his/her private property cannot be attached for any such debts or liabilities.

3. Applicant also agrees to deposit with the Cooperative such consumer's deposit as is required by the Rules and Regulations of the Cooperative. The Cooperative will not retain Applicant's deposit longer than two years providing that in the interim period, the Cooperative has not been forced to disconnect Applicant's service for reasons of delinquency in payment of charges, and that Applicant has not been delinquent in payment more than once in any 12 consecutive months. Any portion of said deposit not applied to the payment of bills due the Cooperative or returned to Applicant earlier, shall be refunded to Applicant within sixty (60) days of termination of service. In lieu of the deposit, Applicant may provide the Cooperative with a satisfactory Letter of Credit from the utility that previously provided them telephone service.

4. Subject to the terms and conditions of the Cooperative's tariffs, Applicant will purchase from the Cooperative telecommunications services used on his/her premises and supplied by the Cooperative, which at a minimum shall be residential or business single line service and may also include enhanced services and/or equipment rental as requested by Applicant. Applicant agrees that he/she will pay for such service (and equipment, if applicable) at the rates and charges fixed by the Board of Directors of the Cooperative in accordance with the lawful orders and directives of the Federal Communications Commission and the Regulatory Commission of Alaska. Applicant will pay a minimum monthly amount as set forth in the Cooperative's current tariff. Long Distance toll service is not included in the basic monthly residential or business line service, and will be billed separately by the Applicant's long distance carrier. Telephone equipment is not included in the basic monthly service charge, and therefore equipment charges (if applicable) will be added to the monthly amount. Bills shall be payable immediately upon receipt and past due if not paid by the 25th day of the billing month or after any payment date previously established by agreement between Applicant and the Cooperative. If the bill is not paid when past due, the Cooperative will apply a late payment charge not to exceed zero point eight seven percent (0.87%) each month on the unpaid balance. When the bill becomes past due, the Cooperative may start procedures for disconnection for non-payment. The procedure will include a written ten (10) day notice of disconnection of service, stating the date and time payment must be received in the Cooperative's business office. If the subscriber does not pay the balance of the bill owing, plus any applicable late charges, or make arrangements with the Cooperative to make payments, service will be disconnected. Delinquent amounts may be charged to Applicant's credit card. Applicable Service Connection Charges, as set forth in Rate Schedule of the current tariff, will apply to each re-connection of service on paid delinquent accounts.

5. Applicant will comply with and be bound by the provisions of the Articles of Incorporation and By-Laws of the Cooperative, and such rules and regulations as may, from time to time, be adopted by the Cooperative.

6. Applicant, if a landowner, hereby agrees to grant to the Cooperative the right and easement to construct, operate, repair and maintain on his/her premises and in or upon all streets, roads, or highways abutting said premises, its telecommunications distribution and service lines and appliances and also the right to cut or trim trees necessary to keep clear all parts of the telecommunications system.

7. The Applicant, if a landowner, agrees that all poles, wires, and other facilities, including any equipment, installed on premises at Cooperative expense, shall remain the property of the Cooperative, removable at the option of the Cooperative upon termination of service to or on said premises.

8. The acceptance of this application by the Cooperative shall constitute an agreement between Applicant and the Cooperative and the contract for telecommunications service shall continue in force month by month from the date service is made available by the Cooperative to Applicant and thereafter until canceled by at least two (2) days notice by Applicant.

Bristol Bay
TELEPHONE
COOPERATIVE
INC

P.O. Box 259, King Salmon, AK 99613
907-246-3403 / 800-478-9100 / Fax: 907-246-1115

Establishment of Account Password

So that BBTC employees are free to discuss and/or provide call detail information to me during a call that I initiate to your business office, please establish the following password for my account.

Password: _____

Should I forget or lose my password please use the following question to authenticate my password. (Select one)

Secret Question: Favorite Vacation City Pet's Name
 Favorite Color Favorite Fruit
 Make of First Auto Favorite Author

Answer: _____

Primary Customer Name: _____

Secondary Customer Name: _____

Additional Authorized Contacts: _____

Telephone Number: _____

Account Number: _____

Authorized Signature: _____

Date: _____ / _____ / _____