

NEBRASKA TELEPHONE ASSISTANCE PROGRAM (NTAP) APPLICATION

(IF YOU LIVE ON Tribal land, DO NOT use this application. Contact your local telephone company for a Tribal land Discount.)

LAST NAME FIRST NAME MIDDLE (Name/Initial) SOCIAL SECURITY NUMBER

STREET ADDRESS (MUST be street address / NOT a P.O. Box) CITY STATE ZIP CODE

MAILING ADDRESS (ONLY if different from above) CITY STATE ZIP CODE

Date of Birth (Month/Day/Year) _____

1. Select ALL that apply:

A. _____ I have phone service. My phone number is:
(_____) _____

Name of Telephone Co.: _____

Name on Bill/Account: _____

The telephone bill must be in/or contain the applicant's name above.

B. _____ I have moved or started service in the last 60 days

Date new service began: _____

C. _____ I do NOT currently have phone Service or have been disconnected

2. Select ALL of the programs you are on:

- _____ Medicaid (NOT MEDICARE)
- _____ Food Stamps
- _____ Low-Income Home Energy Assistance
- _____ Federal Public Housing Assistance
- _____ Supplemental Security Income (SSI)
- _____ Kids Connection, SAM, MAC, EMAC

Some telephone company's are NOT eligible to participate in this program. If you are unsure of your telephone company's participation, please call the NTAP department at: 1-800-526-0017 or in Lincoln: 471-3101.

3. PLEASE PROVIDE PROOF OF PARTICIPATION IN ONE OF THE PROGRAMS YOU SELECED ABOVE: Do ONE of the following:

- If you have selected Medicaid, Food Stamps or Kids Connection we will verify your participation for you. Do not send documentation.
- Send a copy of your Low-Income Home Energy Assistance statement
- Send a copy of your current award letter received for Supplemental Security Income (SSI) from the Social Security Administration
- Send a copy of your lease addendum document **or** contact your housing personnel for documentation of approval for housing assistance

4. I understand completion of this application does not constitute immediate acceptance into this program. I agree to notify the Nebraska Public Service Commission or my local telephone company when I no longer participate in at least one of the above qualifying programs. I agree to fill out a new application requesting assistance when I change my service provider, telephone number or prior to moving. Check ONE of the following statements:

- I certify that neither I, nor anyone else in my household, is currently receiving NTAP assistance for wireless or traditional telephone service.
- I certify I am changing or have changed telephone providers and in the event this application is granted, it will not result in more than one NTAP supported telephone account in my household.
- NTAP RECERTIFICATION CUSTOMERS ONLY:** I certify that I am the only one in my household currently receiving NTAP Assistance for wireless or traditional telephone service.

5. United States Citizenship Attestation: For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

- I am a citizen of the United States.
— OR —
- I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows:
_____ and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States. I further certify, under penalty of perjury, the information on this application is true. I have read the information on this application and understand I must meet the above qualifications to receive assistance from this program.

Applicant or Authorized Representative Signature** _____

If an authorized representative is signing the application, a copy of the Durable Power of Attorney or Guardianship document must be included

DATE _____

RETURN COMPLETED APPLICATION TO: NTAP
P.O. Box 94927
Lincoln, NE 68509-4927

Have Questions? Call 1-800-526-0017,
or, in Lincoln, 471-3101
Ve a el reves para la traduccion espanol