

## EBB Certification Form

EBB is a federal government benefit program and only qualified persons may participate in the EBB program. EBB service may not be transferred to any other individual, including another eligible low-income consumer. **By law, the EBB program is only available for one telephone/broadband line per household, whether landline or wireless.** A household is defined, for purpose of the EBB program, as any individuals who live together at the same address and share income and expenses. Any violation of the one telephone/broadband line per household limitation will result in de-enrollment from the EBB program and may be punished by fine or imprisonment.

### Initial Enrollment

#### PERSONAL INFORMATION

Please fill out the following information:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

Social Security # (last 4 digits): \_\_\_\_\_ Alt. Contact #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

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#### ELIGIBILITY

YOU MAY QUALIFY FOR EBB DISCOUNTS UNDER EITHER SECTION 1 OR SECTION 2 BELOW. PLEASE FILL OUT EITHER SECTION 1 OR 2, DEPENDING UPON WHICH APPLIES TO YOU:

##### SECTION 1 – PROGRAM-BASED ELIGIBILITY

Please check all that apply and **provide Union Wireless with documentation** to demonstrate that you participate in one of the programs listed below:

- |  |   |
|--|---|
| <input type="checkbox"/> Tribally-administered Temporary Assistance for Needy Families (TTANF) | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Supplemental Security Income (SSI)                                    | <input type="checkbox"/> School Breakfast/Lunch Program                   |
| <input type="checkbox"/> Medicaid  | <input type="checkbox"/> Unemployment Benefits                            |
| <input type="checkbox"/> Federal Public Housing Assistance (Section 8)                         | <input type="checkbox"/> Current Year Pell Grant                          |
| <input type="checkbox"/> Bureau of Indian Affairs General Assistance                           |   |

I CERTIFY THAT I OR ONE OF MY DEPENDENTS PARTICIPATES IN ONE OR MORE QUALIFYING PROGRAMS AS INDICATED ABOVE.

\_\_\_\_\_  
*Initial Here*

IF YOU HAVE A DEPENDENT RESIDING IN YOUR HOUSEHOLD WHO RECEIVES BENEFITS FROM ONE OF THE PROGRAMS ABOVE, PLEASE PROVIDE THEIR NAME:

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

##### SECTION 2 – INCOME-BASED ELIGIBILITY:

IF YOU DON'T PARTICIPATE IN ANY OF THE ABOVE PROGRAMS, YOU MAY STILL QUALIFY IF YOUR HOUSEHOLD INCOME IS AT OR BELOW 135% OF THE FEDERAL POVERTY GUIDELINES.

Single Filer Less than 99,000 in 2020/with qualifying program as listed above	Joint Filer Less than 198,000 in 2020/with qualifying program as listed above				
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**TO QUALIFY BASED ON YOUR INCOME, YOU MUST PROVIDE COPIES OF ONE OR MORE OF THE DOCUMENTS LISTED BELOW. IF YOU PROVIDE DOCUMENTATION THAT DOES NOT COVER A FULL YEAR (SUCH AS CURRENT PAY STUBS), YOU MUST SUBMIT THREE (3) CONSECUTIVE MONTHS OF THE SAME TYPE OF DOCUMENT WITHIN THE PREVIOUS 12 MONTHS. YOU MUST DOCUMENT ALL OF YOUR HOUSEHOLD INCOME.**

- |  |  |
|--|--|
| <input type="checkbox"/> Prior year's state, federal or tribal tax return  | <input type="checkbox"/> Social Security benefits statement                      |
| <input type="checkbox"/> Divorce decree or child support document  | <input type="checkbox"/> Veterans Administration benefits statement              |
| <input type="checkbox"/> Federal or tribal notice letter of participation in Bureau of Indian Affairs General Assistance | <input type="checkbox"/> Unemployment/Workers Compensation benefits statement    |
| <input type="checkbox"/> Retirement/Pension benefit statement  | <input type="checkbox"/> Current income statement from employer or paycheck stub |

**I CERTIFY THAT MY HOUSEHOLD INCOME IS AT OR BELOW 135% OF THE FEDERAL POVERTY GUIDELINES AND THAT I HAVE CORRECTLY INDICATED THE NUMBER OF PEOPLE IN MY HOUSEHOLD ABOVE.**

\_\_\_\_\_ *Initial Here*

**RESIDENTIAL ADDRESS (PO BOX NOT ACCEPTABLE, MUST BE YOUR PRINCIPAL STREET ADDRESS)**

STREET ADDRESS: \_\_\_\_\_

Name of apt. complex/multi-resident facility: \_\_\_\_\_

Apt. No.: \_\_\_\_\_ Multi-resident facility room/bed No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**This address is:**  Permanent  Temporary

**BILLING ADDRESS (IF DIFFERENT FROM ADDRESS ABOVE)**

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**CUSTOMER CERTIFICATIONS**

FEDERAL LAW REQUIRES UNION WIRELESS TO OBTAIN YOUR CERTIFICATION TO THE FOLLOWING STATEMENTS. PLEASE READ AND ACKNOWLEDGE YOU AGREE BY INITIALING EACH STATEMENT BELOW, UNDER PENALTY OF PERJURY:

To the best of my knowledge, no one in my household is receiving EBB service.

\_\_\_\_\_  
Initial Here

I certify that I am at least 18 years of age and not currently receiving an EBB telephone/broadband service from any other landline or wireless telephone/broadband company. I will only receive this temporary EBB subsidy from Union Wireless and not from any other landline or wireless telephone/broadband company. Furthermore, I understand that this temporary subsidy only applies to one line of service, not the whole account.

\_\_\_\_\_  
Initial Here

I authorize Union Wireless to access any records, including financial records, required to verify my eligibility for EBB service. I also authorize Union Wireless to transmit to the EBB Administrator the information I have provided on this form, as well as my telephone/broadband number and the start date and termination date (if any) for my EBB service. I understand that this information will be transmitted to ensure proper administration of the EBB program, and that I cannot receive EBB service if I do not consent to this information being transmitted.

\_\_\_\_\_  
Initial Here

I understand that I will be required to verify my continued eligibility for Union Wireless' EBB service by the 10<sup>th</sup> of each month via email to [ebb@unionwireless.com](mailto:ebb@unionwireless.com) and that I may be required to verify my continued eligibility at any time, and that failure to do so will result in termination of EBB benefits. I will notify Union Wireless immediately if I no longer qualify for EBB, or if I have a question as to whether I would still qualify.

\_\_\_\_\_  
Initial Here

By my signature below, I certify under penalty of perjury that I have read and understand this certification form and that I certify that the information contained in this form is true and correct to the best of my knowledge and that I understand that providing false information to receive EBB benefits is punishable by fine or imprisonment. I also acknowledge that I will be required to notify Union Wireless within thirty (30) days if my home address changes or I no longer qualify for this subsidy. In addition, if my address listed above is a temporary address, I understand that I must verify my address with Union Wireless as often as every ninety (90) days. Failure to provide such notification or verification will result in de-enrollment from the program.

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

For Company Use Only:

I certify that I have reviewed documentation (identified below) from the customer, and to the best of my knowledge, this documentation accurately represents the customer's participation in the program above, or that the customer's household income is at or below 135% of the Federal Poverty Guidelines.

Document reviewed: \_\_\_\_\_

Method provided: In person \_\_\_ U.S. Mail \_\_\_ Fax \_\_\_ E-mail\_\_\_

Expiration date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Union Wireless employee

\_\_\_\_\_  
Signature of Union Wireless employee