

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

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 MEDICAID SHARE OF COST OR MEDICARE)

Food Stamps

Low-Income Home Energy Assistance

Federal Public Housing Assistance

Supplemental Security Income (SSI)

Kids Connection, SAM, MAC, EMAC

Non eligible programs: Medicare, Medicaid Share of Cost, Commodities, Social Security, and Social Security Disability or any other programs not listed above.

Some Telephone providers 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: Send in a copy of either:

- Medicaid, Food Stamp, Kids Connection, SAM, MAC, EMAC approval letter, OR Low-Income Home Energy Assistance statement
- Your current award letter received for Supplemental Security Income (SSI) from the Social Security Administration
- Your current award letter received for Federal Public 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 attest that neither I, nor anyone else in my household, is currently receiving NTAP assistance for wireless or traditional telephone service.
- I attest 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.
- For the purposes of recertification of existing NTAP recipients: I attest 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 above information is true. I have read the information on this application and understand I must meet the above qualifications to receive assistance from this program.

PRINT NAME: _____
First Middle Last

Applicant or POA Signature *Copy of Durable Power Of Attorney Document must be included with application _____ 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
Vea el revers para la traduccion espanol

Nebraska Public Service Commission

COMMISSIONERS:

ANNE C. BOYLE
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300 The Atrium, 1200 N Street, Lincoln, NE 68508
Post Office Box 94927, Lincoln, NE 68509-4927
Website: psc.nebraska.gov
Phone: (402) 471-3101
Fax: (402) 471-0254

NEBRASKA CONSUMER HOTLINE:
1-800-526-0017

EXECUTIVE DIRECTOR:

MICHAEL G. HYBL

Nebraska Telephone Assistance Program (NTAP)

Only ONE applicant per household may apply!

(If you live on Tribal land **DO NOT** use this application. Contact your local telephone company for a tribal land discount.)

If you currently participate in Medicaid, Food Stamps, Low Income Home Energy Assistance (LIHEAP), Federal Public Housing Assistance or Supplemental Security Income (SSI) programs, or if your child(ren) currently participate in Kids Connection, SAM, MAC, or EMAC, you are eligible for the Nebraska Telephone Assistance Program (NTAP). **For Eligible Nebraskans**, the NTAP program, administered by the Nebraska Public Service Commission, reduces the cost of local telephone service by \$10.00 to \$13.50 per month, depending on your telephone company's rates. NTAP also pays 1/2 of installation charges, up to \$30.00 (i.e. if the installation charge is \$34.00, NTAP pays \$17.00). **To qualify for assistance with installation charges, you must NOT currently have telephone service, or you must have moved or started service in the last 60 days. The telephone bill must be in/or contain the individual's name that participates in the program(s) listed above. Some telephone providers are NOT eligible to participate in this program.** If you are unsure of your telephone company's participation, please call the number listed below.

This discount will appear as a credit on your monthly telephone bill within 2-3 months of enrollment in the program. **This program does not pay any past bills or pay the required deposit.** If you are willing to take total toll restriction (i.e. cannot make any long distance calls, including some 800 numbers or collect calls), the phone companies will waive a deposit. If you have an outstanding phone bill, monthly payments towards any unpaid balances may be required before a deposit is waived

STEP 1: COMPLETE THE APPLICATION AS FOLLOWS:

- **ON THE FIRST LINE**, write your full name and your Social Security Number.
- **ON THE SECOND LINE**, write your street address, city, state, and zip code.
- **ON THE THIRD LINE**, write your mailing address, city, state, and zip code. **Do this only if your mailing address is different than the address on the second line.**
- **COMPLETE 1A:** If you **DO** currently have phone service. **Please be sure to include your phone number, the name of the telephone company, and the name on the telephone bill or account. The person applying must have their name on the bill or account.**
- **COMPLETE 1B:** If you have moved or started service within the last 60 days. **Please be sure to include the date the service began.**
- **COMPLETE 1C:** If you do **NOT** have phone service or have been disconnected.
- **IN SECTION 2:** Indicate ALL of the programs you are currently approved for assistance. (*Medicare, Social Security, Social Security Disability or any other programs are not qualifying programs*).
- **ONCE YOU COMPLETE SECTION 2** and indicate which programs you are participating in, we must receive proof that you are currently enrolled in one of the programs you have indicated. Please provide proof of participation as directed in Section 3 on the application.
- **IN SECTION 4:** Select one of the attest statements that best fits your application.
- **IN SECTION 5:** Select the statement that applies to your lawful presence in the United States.
- Print your name
- **YOU, or your authorized representative, MUST sign and date the form at the bottom.** If an authorized representative is signing the application, a copy of the Durable Power of Attorney or Guardianship document must be provided with the application.

STEP 2: MAIL THE COMPLETED APPLICATION

- **ONCE THE APPLICATION IS COMPLETE**, mail it to the address listed on the bottom of the application.

Have Questions?

Call 1-800-526-0017 Or, in Lincoln, 471-3101

Veá el revés para la traducción en Español