## NEBRASKA TELEPHONE ASSISTANCE PROGRAM (NTAP)/LIFELINE ATTESTATION FORM

6-2019

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

FORM INSTRUCTIONS: PLEASE PRINT CLEARLY.

For eligible Nebraskans, this program, administered by the Nebraska Public Service Commission, helps reduce the cost of phone service. Some companies are not eligible to participate in this program. This form requires a statement attesting that you are either a citizen of the United States, or are qualified to receive the NTAP/Lifeline benefit.

Have Questions: Call 1-800-526-0017	7 or in Lincoln, 402-471-310	1
FIRST NAME:		
STREET ADDRESS:		
		ZIP:
DATE OF BIRTH:		
LAST FOUR DIGITS OF SOCIAL S	SECURITY NUMBER:	
PHONE NUMBER:		
nited States Citizenship Attestati nrough 4-114, I attest as follows (I	Please select one):	mplying with Neb. Rev. Stat. §§ 4-108
I am a citizen of the United StatesOR		
*	_	ty Act, my immigration status and alien number and I agree to provide a copy of my USCIS
APPLICANT SIGNATURE:		DATE: