

NTIA BROADBAND HOTSPOT AND MOBILE DATA SUBSIDY

Purpose: To subsidize internet hotspot or mobile data for approximately 150 Delaware Nation households up to the 100% medium income level for two years. A \$65 monthly payment to Tribal households will be dispersed in a 6-month payment. With validation of 3 months of paid hotspot or mobile data bills, an additional 18-month payment can be issued to the same household. **Applicant can't have received Delaware Nation Broadband Home Internet Subsidy Assistance to qualify for this program.**

Citizen Information: *(if the qualifying enrolled Delaware Tribal Citizen in your home is a minor child you must complete both Section 1-A and Section 1-B)*

Section 1-A: Adult Bill Holder

First Name	
Last Name	
Delaware Nation Enrollment #	
Street Address	
City, State & Zip Code	
Contact Phone Number	
Number in Household	

Section 1-B Qualifying enrolled Minor citizen (if applicable)

Name of Enrolled Minor Child (first & last)	
Enrollment # of child	
Name of Child's Legal Parent or Guardian in residence	

Yes, I currently have an internet hotspot service or mobile data service but do not have Broadband Home Internet Service. If yes, fill out information below.

Hotspot or Mobile Data Provider Information:

Company Name	
Account #	
Account Holder Name	

Household Income Information:

100% Median Income Limits								
Medium Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
100%	63,000	72,000	81,000	90,000	97,000	104,000	111,600	118,800

Applicant must submit all household income for verification (**Wages for all adults living in your household, SSD, SSI, VA, Annuity, Pensions, DHS (TANF), Child Support, Self-Employment, Unemployment**)

Household Income		
Name of Income Provider	Type of Income	Monthly Amount
Total Household Income Per Month		\$

If no income is reported, please state how you have maintained your residence, paid utilities and purchased food for the last 6 months. **(If this section is not answered, your application will be denied.)**

Documentation to include with application:

- Copy of Tribal Card/CDIB
- Income Verification Documents
- Current Hotspot or Mobile Data Service Bill; please note Delaware Nation tribal citizen name is required to be on the internet bill provided with this application, except for minor citizen situations- see Affidavit on last page

Please return all Broadband Internet Subsidy application and documents by email to ismith@delawarenation-nsn.gov.

Self-Certification:

- All information and documentation submitted is a true representation of my household's status*
- I hereby give Delaware Nation permission to verify all information contained in this application for approval*
- I have not applied and/or received internet subsidy payment from any other Federal, State or Tribal agency*
- I understand that I am required to update my application whenever any determining factor of eligibility changes*
- I also, certify that I will provide confirmation of paid service when requested* *This internet service is utilized by an Enrolled Delaware Nation Tribal Citizen*

By signing this application, I certify under penalty of law that all information submitted in and with this form is true and accurate. I further certify that any misuse of funds or fraudulently obtaining funds will result in a reimbursement of fraudulent funds obtained and ineligibility of future assistance for any Delaware Nation program assistance for one-calendar year from the date fraud was committed. I accept the Terms and Conditions and agree to use these funds for the intended purpose stated within this application.

Delaware Nation Citizen Signature

Date

AFFIDAVIT REGARDING MINOR CHILD

Printed Legal First and Last Name of Adult: _____

Internet Service Address: _____

City, State & Zip: _____

Email Address: _____

I, _____, hereby affirm that the internet service in my home is billed in my name and that an enrolled Delaware Nation Tribal Citizen (ages 0 – 18 years) resides in the same location and utilizes this internet service.

Legal Name Signature: _____

Date: _____

NOTARY:

State of _____ County of _____

The foregoing instrument was acknowledged before me

This _____ day of _____, 20 _____

By _____

My Commission Expires _____