



# GRTI Elderly Concession Application

Elderly Concession assistance is available to all residential customers 55 years and older who live within the boundaries of the Gila River Indian Reservation. This concession covers the monthly fee's associated with basic land line service only. Please return the completed application and valid proof of age, in person, by Gila River Telecommunications, Inc.

Return To: Gila River Telecommunications, Inc. (520) 796-3333 Phone  
 Box 5015, 7065 W. Allison Rd. (520) 796-1065 Fax  
 Chandler, AZ 85226 www.gilarivertel.com

Email completed application to: [grti.info@gilarivertel.com](mailto:grti.info@gilarivertel.com)

Name:
Address:
Telephone Number:

Do you currently receive Lifeline Assistance?  Yes  No

**CSR: If any program is checked, make sure Lifeline form is completed.**

**Do you participate in any of the following programs:**

- Federal Public Housing Assistance/Section 8
- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid
- Supplemental Security Income (SSI)
- Bureau of Indian Affairs General Assistance
- Tribally Administered Temporary Assistance for Needy Families (TTANF)
- Head Start (Income Qualifying/ Residents of Tribal Lands Only)
- Food Distribution Program on Indian Reservations (FDPIR)
- Veterans Pension and Survivors Benefit Program
- Income at or below 135% of the Federal Poverty Guidelines

Family Size	Annual Income	
1	\$16,862	
2	\$22,829	For each additional person in the home add \$5,967 to income eligibility requirements
3	\$28,796	
4	\$34,763	
5	\$40,730	

Customer Certifies	1. Phone service is listed in his/her name. (One discount per household) 2. Can provide identification that verifies they are at least 55 years of age. 3. Customer is responsible for additional charges for Features, Toll & DSL
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Applicant Signature	Date
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<b>For Internal Use Only</b>	Cust. Age Verified <input type="checkbox"/> Y <input type="checkbox"/> N	Service Order# _____
	Documents Scanned <input type="checkbox"/> Y <input type="checkbox"/> N	CRM Notes Complete <input type="checkbox"/> Y <input type="checkbox"/> N
	This Submission: Original Certification _____	