# Lifeline Program Application Form





## 1. About Lifeline

Lifeline is a federal benefit that lowers the monthly cost of phone or internet service.

## Rules

If you qualify, your household can get Lifeline for phone or internet service, but not both.

- If you get Lifeline for phone service, you can get the benefit for one mobile phone or one home phone, but not both.
- If you get Lifeline for internet service, you can get the benefit for your mobile phone or your home connection, but not both.
- If you get Lifeline for bundled phone and internet service, you can get the benefit for your mobile phone bundled service or your home bundled service, but not both.

Your household cannot get Lifeline from more than one phone or internet company.

You are only allowed to get one Lifeline benefit per household, **not per person.** If more than one person in your household gets Lifeline, you are breaking the FCC's rules and will lose your benefit.

## What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

## Do not give your benefit to another person

Lifeline is non-transferable. You cannot give your Lifeline benefit to another person, even if they qualify.

## Be honest on this form

You must give accurate and true information on this form and on all Lifeline-related forms or questionnaires. If you give false or fraudulent information, you will lose your Lifeline benefit (i.e., de-enrollment or being barred from the program) and the United States government can take legal actions against you. This may include (but is not limited to) fines or imprisonment.

## You may need to show other documents

If the Lifeline Program Administrator is not able to validate that you or someone in your household qualify using this form and electronic databases, you may need to provide an official document from one of the government qualifying programs or documentation that proves your annual income. You can submit copies of your official documents with this application or wait until the Lifeline Program Administrator asks you for them. To add them now, include the documents in option 1 or option 2 below:

- 1. If you qualify through a government program, provide a copy of a document such as an approval letter or benefit letter with the name of the person in your household who qualifies, name of the program, and issue date within the past 12 months or future expiration date.
- **2.** If you qualify through your income, provide a copy of the prior year's state, federal, or Tribal tax return or a current income statement from an employer or paycheck stub for 3 consecutive months (or other accepted documents).

Visit lifelinesupport.org to see all acceptable document guidelines.

## Apply

To apply for a Lifeline benefit, fill out the required sections of this form, initial every agreement statement, and sign on page 6. Mail the form to this address: USAC Lifeline Support Center P.O. Box 9100 Wilkes-Barre, PA 18773

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2a.	What is your full legal name? The name you use on official documents, like your Social Security Card or State ID. Not a nickr	name.
Your		Τ
Information	First	
All fields are required unless indicated. Use only	Middle (optional)	
CAPITALIZED LETTERS and black ink to fill out		
this form.	Last What is your phone number (if you have one)? What is your da	te of

Middle (optional)			Suffix (optional)
Last			
What is your phone number (if you have one)?	What is y	our date of b	irth?
	Month	Day	Year
What is your email address (if you have one)?			
What are the last 4 numbers of your Social Security Num	ber (SSN)?		
If you do not have a SSN, what is your Tribal Identification Number?			
What is the best way to reach you?			
email phone* text message	*	mail	

\*If I selected the phone or text option, I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service.

If I selected the text message option, message and data rates may apply.

Text STOP to end messages.

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## 2b. Your Information (continued)

\*Tribal lands include any federally recognized Indian tribe's reservation, pueblo, or colony, including former reservations in Oklahoma; Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688); Indian allotments; Hawaiian Home Lands—areas held in trust for Native Hawaiians by the state of Hawaii, pursuant to the Hawaiian Homes Commission Act, 1920 July 9, 1921, 42 Stat. 108, et. seq., as amended; and any land designated as such by the FCC for purposes of this subpart pursuant to the designation process in the FCC's Lifeline rules.

,	The address w	/here you wi	ll get serv	ice. Do no	t use a	P.O. Box	<)			
Street Number and Name										
Apt., Unit, etc.	City									
State Zip Code										
Is this a temporary address?	Yes	No.	)	Check	if you	ı live c	on Trib	allaı	nds*	
What is your mailing address	<b>2</b> (Oply fill t	this out if	it is not							
what is your making address:	(Only Int	uns out n		. the san	ne as	youri	ionie a	iuure	55.)	
Street Number and Name										
Street Number and Name										
Street Number and Name										
Street Number and Name	City									
	City									

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## 2c. Your Information (continued)

Only fill this section out if you are applying through a child or dependent.

	if you a inswer t						hild	or d	lepe	nder	nt in	you	r hou	ıseh	old.				
What is th	eir full l	egal na	me?																
First																			
Middle (option	nal)															Suffix	(opti	onal)	
_ast																			
What is th	eir date	of birt	h?																
Month	Day		Year				4												
What are th	ne last 4	numbe	rs of	their	Soc	ial S	ecuri	ity N	umb	er (S	SN)	?							
If they do not	have a SS	N, what is	s their <sup>-</sup>	Tribal	Ident	ificat	ion Nu	umbei	r?			L							
																	]		

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## 3. Qualify for Lifeline

Fill out this section to show that you, your dependent, or someone in your household qualifies for Lifeline.

You can qualify through some government assistance programs or through your income (you do not need to qualify through both).

## Qualify through a government program:

# Check all programs that you or someone in your household have: Supplemental Nutrition Assistance Program (SNAP) (Food Stamps) Supplemental Security Income (SSI) Medicaid Federal Public Housing Assistance (FPHA) Veterans Pension or Survivors Benefit Programs Tribal Specific Programs Bureau of Indian Affairs (BIA) General Assistance Tribal Temporary Assistance for Needy Families (Tribal TANF) Food Distribution Program on Indian Reservations (FDPIR) Tribal Head Start (only households that meet the income qualifying standard)

Or

## Qualify through your income:

(Only fill this out if you do not qualify through a government program.)

Including you, how many people live in your household? (check one)	Is your income the state and househol (only check yes or no next t	d size?		unt listed fo	or your
	All 48 States, DC, and Territories (not Alaska and Hawaii)	Alaska	Hawaii		
1	\$19,683	\$24,584	\$22,640	Yes	No
2	\$26,622	\$33,264	\$30,618	Yes	No
3	\$33,561	\$41,945	\$38,597	Yes	No
4	\$40,500	\$50,625	\$46,575	Yes	No
5	\$47,439	\$59,306	\$54,554	Yes	No
6	\$54,378	\$67,986	\$62,532	Yes	No
7	\$61,317	\$76,667	\$70,511	Yes	No
8	\$68,256	\$85,347	\$78,489	Yes	No
If more than 8, add this amount for each extra person:	Add \$6,939	Add \$8,681	Add \$7,979	Yes	No

#### 135% of the 2023 Federal Poverty Guidelines

\*The Federal Poverty Guidelines are typically updated at the end of January.

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	Signature	Today's Date
	I was truthful about whether or not I am a resident of this form.	Tribal lands, as defined in section 2 of
	My service provider may have to check whether I still (renew) my Lifeline benefit, I understand that I have t removed from the Lifeline Program and my Lifeline b	o respond by the deadline or I will be
	I know that willingly giving false or fraudulent information punishable by law and can result in fines, jail time, de- Initial program.	
	All the answers and agreements that I provided on th of my knowledge.	is form are true and correct to the best
	I agree that all of the information I provide on this form for the purposes of applying for and/or receiving the Li if this information is not provided to the Lifeline Progra Lifeline benefits. If the laws of my state or Tribal govern Tribal government may share information about my be Lifeline Program Administrator. The information share used only to help find out if I can get a Lifeline Program	feline Program benefit. I understand that am Administrator, I will not be able to get nment require it, I agree that the state or enefits for a qualifying program with the ed by the state or Tribal government will be
	I know that my household can only get one Lifeline be my household is not getting more than one Lifeline be	
You must initial next to each statement.	<ul><li>program or income anymore.</li><li>2) Either I or someone in my household gets more than one Lifeline broadband internet service, m both Lifeline telephone and Lifeline broadband</li></ul>	than one Lifeline benefit (including more ore than one Lifeline telephone service, or
I agree, under penalty of perjury, to the following statements:	I agree that if I move I will give my service provider my initial         Initial         I understand that I have to tell my service provider with anymore, including:         Initial         Initial         Initial	hin 30 days if I do not qualify for Lifeline
4. Agreement	I (or my dependent or other person in my household) program(s) listed on this form or my annual househo Poverty Guidelines (the amount listed in the Federal I	ld income is 135% or less than the Federal

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5.	V
Agent	
Information	F
Answer only if a sales	

Answer only if a sales person submits this form.

What is the a	agent's ID	numbe	er?		 	 1	Wha	t is t	he a	gent	's da	te of	birth	?	_
_ast															
Middle (optiona	l)											S	uffix (op	otional)	
												Γ			
irst		- T T		1	-						1				

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## Notice

PAPERWORK REDUCTION ACT NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. This collection of information stems from the FCC's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, between 0.25 and 0.75 hours. Our estimate includes the time to read the questions, look through existing records, gather the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PERM, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request on this form. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your response may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

**PRIVACY ACT STATEMENT:** The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

Authority: Section 254 of the Communications Act (47 U.S.C. § 254), as amended, 47 U.S.C. §254, authorizes the FCC to operate the Lifeline program. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.).

**Purpose:** We are collecting this personal information so we can verify that you qualify for the Lifeline Program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, is available at https://www.fcc.gov/managing-director/privacytransparency/ privacy-act-information#systems/.

**Routine Uses:** We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

**Disclosure:** You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.