

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 prove you or someone in your household qualify using this form and electronic databases, you may need to show an official document from one of the government qualifying programs or to prove 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: copies of your state ID card and an official document from the programs you are qualifying through (your SNAP card, Medicaid card, etc.)
2. If you qualify through your income: copies of your state ID card and pay stubs for 3 consecutive months (or other accepted documents).

Visit lifelinesupport.org to see the full list of accepted documents.

Apply

To apply for a Lifeline benefit, fill out the required sections of this form, initial every agreement statement, and sign on page 6.

Bring or mail the form to this address:

**USAC
Lifeline Support Center
P.O. Box 7081
London, KY 40742**

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Universal Service
Administrative Co.

2. Your Information

All fields are required unless indicated. Use only CAPITALIZED LETTERS and black ink to fill out this form.

What is your full legal name?

The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First

Middle (optional)

Suffix (optional)

Last

What is your phone number (if you have one)?

What is your date of birth?

Month

Day

Year

What is your email address (if you have one)?

What are the last 4 numbers of your Social Security Number (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

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2. 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 Commission for purposes of this subpart pursuant to the designation process in the FCC's Lifeline rules.

What is your home address? (The address where you will get service. Do not use a P.O. Box)

[Grid for Street Number and Name]

Street Number and Name

[Grid for Apt., Unit, etc.] [Grid for City]

Apt., Unit, etc. City

[Grid for State] [Grid for Zip Code]

State Zip Code

Is this a temporary address? Yes No Check if you live on Tribal Lands*

What is your mailing address? (Only fill this out if it is not the same as your home address.)

[Grid for Street Number and Name]

Street Number and Name

[Grid for Apt., Unit, etc.] [Grid for City]

Apt., Unit, etc. City

[Grid for State] [Grid for Zip Code]

State Zip Code

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2. Your Information (continued)

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

Check if you are qualifying through a child or dependent in your household.
If so, answer the following questions:

What is their full legal name?

--	--

First

--	--

Middle (optional) Suffix (optional)

--

Last

What is their date of birth?

--	--	--

Month Day Year

What are the last 4 numbers of their Social Security Number (SSN)?

If they do not have a SSN, what is their Tribal Identification Number?

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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 same or less than the amount listed for your state and household size? <small>(only check yes or no next to your household size)</small>				
	All 48 States & DC <small>(not Alaska and Hawaii)</small>	Alaska	Hawaii	Yes	No
<input type="checkbox"/> 1	\$16,862	\$21,060	\$19,413	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2	\$22,829	\$28,526	\$26,271	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3	\$28,796	\$35,991	\$33,129	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4	\$34,763	\$43,457	\$39,987	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5	\$40,730	\$50,922	\$46,845	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 6	\$46,697	\$58,388	\$53,703	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7	\$52,664	\$65,853	\$60,561	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 8	\$58,631	\$73,319	\$67,419	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> If more than 8, add this amount for each extra person:	Add \$5,967	Add \$7,466	Add \$6,858	<input type="checkbox"/>	<input type="checkbox"/>

135% of the 2019 Federal Poverty Guidelines
*The Federal Poverty Guidelines are typically updated at the end of January.