

Lifeline/Linkup Assistance Application

Service Provider Information

Service Provider: _____	Company Code: _____	Application ID : _____
Customer Provided Document(s) _____	Reviewer Initials: _____	
	Date: _____	

Applicant Information

Full Name: _____		
<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address: _____		
<i>Residential Address (may not be PO Box)</i>		
<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Permanent Address	Temporary Address (must verify address every 90 days)	
Billing Address: _____		
<i>Billing Address</i>		<i>Apartment/Unit #</i>
<i>City</i>		<i>ZIP Code</i>
Birth Date (mm/dd/yyyy) _____		Last 4 digits of Social Security # or Tribal Nation and Tribal ID# _____
Existing Phone number _____		Head of Household name _____

Lifeline is a federal government assistance benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program. Only one Lifeline service is available per household. A household is defined, for the purposes of the Lifeline program, as any individual or group of individuals who live together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. A household may include related and unrelated persons. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in de-enrollment from the program and, potentially, prosecution by the U.S. government. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person.

Select Type of applicable Lifeline Service (office staff may update as necessary)

- Voice Voice and Broadband (Broadband not at minimum standard)
- Bundle (both Voice and Broadband meet minimum standard)
- If your residence is on Tribal Land: Tribal Lifeline Tribal Linkup

Note: Customers receiving Lifeline assistance are required to remain with their service provider for a minimum period before they may transfer the benefit to another provider -- a 60-day "port freeze" for voice services and a 12 month "port freeze" for broadband services.

Lifeline Discount Benefit Transfer

If you are currently receiving Lifeline from another provider and you wish to transfer your Lifeline discount under this application, you must initial the following statement:

_____ My current Lifeline service is not subject to a port freeze and I authorize to transfer any pre-existing discount with a different provider to my account, subject to all terms and conditions described in this application, understanding that only one Lifeline supported service is available per household.

Eligibility

Please identify all programs you, a dependent or another household member are currently enrolled:

Medicaid

Supplemental Security Income (SSI)

Federal Public Housing Assistance

SNAP

Veteran's Pension or Survivors Pension

Is your residence on Tribal land (any federally recognized Indian tribe's reservation, Pueblo or Colony and Indian allotments)? Please indicate whether you participate in any of the additional programs below:

Tribal Head Start

Tribally Administered Temporary Assistance to Needy Families (TTANF)

Food Distribution Program on Indian Reservations (FDPIR)

Bureau of Indian Affairs (BIA) General Assistance

If you do not participate in one or more of the programs listed above, you may *qualify* for Lifeline if your household income does not exceed 135% of the Federal Poverty Guidelines (FPG), see table below:

Annual income @ 135% of FPG

Household Size

\$16,389

1

\$22,221

2

\$28,053

3

\$33,885

4

\$39,717

5

\$45,549

6

\$51,381

7

\$57,213

8

Note: Proof of program participation or income will be required to qualify.

Examples include: a copy of your benefit ID card, eligibility letter from the authorizing agency or the prior year's statement of benefits. Sources of income include prior year's tax return, three (3) months of paycheck's from all employers, or benefit statements from retirement/pension.

Signature

Please read the following statements, initial by each certification, and sign below.

I acknowledge that providing false or fraudulent statements to receive Lifeline benefits is punishable by law and can result in fines, imprisonment, de-enrollment or being barred from the program;

I affirm that the information contained in this application and certification form is true and correct to the best of my knowledge;

I certify that I meet the income-based or program-based eligibility criteria for receiving Lifeline, as provided for in 47 C.F.R. Section 54.409 and that I have provided any required documentation of eligibility;

I understand that my household can only receive one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;

I certify that the individual named on the documentation provided, demonstrating program-based eligibility, if not me, is part of my household;

I understand that Lifeline is a non-transferable benefit and that I may not transfer it to any other person;

I certify that if I move to a new address, I will provide that new address to within 30 days;

I certify that I will notify within 30 days if, for any reason, I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, if I am receiving more than one Lifeline benefit, or if another member of my household is receiving a Lifeline benefit;

I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. Section 54.405(e)(4);

I understand that information from this application will be given to USAC and/or its agents for purpose of verifying that my household does not receive more than one benefit and that USAC may require additional information in order to verify my eligibility;

(Only if applicable) I understand if I provided a temporary residential address for this application, I will be required to verify my temporary residential address every 90 days;

(Only if applicable) I certify that I have not previously received a Tribal Link Up benefit for a telecommunications connection at my current residential address; and

(Only if applicable) I understand that to qualify for the Tribal Lifeline Benefit my place of residence must be on Tribal Land and I certify that my current residence is on Tribal lands, as defined in 47 CFR Section 54.400(e).

Signature _____

Date: _____