

FCC Form 481 - Carrier Annual Reporting  
 Data Collection Form

FCC Form 481  
 OMB Control No. 3030-0839/OMB Control No. 3030-0813  
 July 2018

Page 1

<010> Study Area Code	439048
<015> Study Area Name	Fidelity Cablevision, Inc.
<020> Program Year	2019
<030> Contact Name: Person USAC should contact with questions about this data	Carla Cooper
<035> Contact Telephone Number: Number of the person identified in data line <030>	5734681218 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	carla.cooper@fidelitycommunications.com
Form Type	54.422

Q10 For the prior calendar year, were there any reportable voice service outages?

[illegible]

(400) Number of Complaints per 1,000 customers  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/ OMB Control No. 3060-0819  
July 2018

<010> Study Area Code 439048

<015> Study Area Name Fidelity Cablevision, Inc.

<020> Program Year 2019

<030> Contact Name - Person USAC should contact regarding this data Carla Cooper

<035> Contact Telephone Number - Number of person identified in data line  
<030> 5734681218 ext.

<039> Contact Email Address - Email Address of person identified in data line  
<030> carla.cooper@fidelitycommunications.com

<400> Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.

<410> Complaints per 1000 customers for fixed voice

<420> Complaints per 1000 customers for mobile voice

(500) Compliance With Service Quality Standards and Consumer Protection Rules  
Data Collection Form

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July 2018

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<030> Contact Name - Person USAC should contact regarding this data	Carla Cooper
<035> Contact Telephone Number - Number of person identified in data line <030>	5734681218 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com
<515> Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations  
Data Collection Form

FCC Form 481  
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July 2018

<010>	Study Area Code	439048
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<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Carla Cooper
<035>	Contact Telephone Number - Number of person identified in data line <030>	5734681218 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com
<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

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<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com
<310>	Reporting Carrier	Fidelity Cablevision, Inc.
<311>	Holding Company	Fidelity Communications Company
<312>	Operating Company	Fidelity Cablevision, Inc.

[illegible]

(000) Tribal Lands Reporting  
Data Collection FormFCC Form 481  
OMB Control No. 3060-0986/CMB Control No. 3060-0819  
July 2018

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<039> Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com

&lt;900&gt; Does the filing entity offer tribal land services? (Y/N)

&lt;910&gt; Tribal Land(s) on which ETC Serves

&lt;920&gt; Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements

Select Yes or No or Not Applicable

(1000) Voice and Broadband Service Rate Comparability  
Data Collection FormFCC Form 481  
OMB Control No. 3060-0986/ OMB Control No. 3060-0819  
July 2018

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<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com

&lt;1000&gt; Voice services rate comparability certification

&lt;1010&gt; Attach detailed description for voice services rate comparability compliance

Name of Attached Document

&lt;1020&gt; Broadband comparability certification

&lt;1030&gt; Attach detailed description for broadband comparability compliance

Name of Attached Document



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0988/OMB Control No. 3060-0819  
July 2018

<010>	Study Area Code	439048
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<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Carla Cooper
<035>	Contact Telephone Number - Number of person identified in data line <030>	5734681218 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com

&lt;1100&gt; Certify whether terrestrial backhaul options exist (Y/N)

&lt;1130&gt; Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

&lt;1140&gt; Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

(1200) Terms and Condition for Lifeline Customers  
Lifeline  
Data Collection Form

FOC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018

<010>	Study Area Code	439048
<015>	Study Area Name	Fidelity Cablevision, Inc.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Carla Cooper
<035>	Contact Telephone Number - Number of person identified in data line <030>	5734691218 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

439048CTLifeline1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

\* Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers. ☒
- <1222> Details on the number of minutes provided as part of the plan. ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2005) Price Cap Carrier Additional Documentation Data Collected on Form Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		FCC Form 481 OMB Control No. 3060-0386/CMB Control No. 3050-0819 July 2016
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<020> Program Year	2019
<030> Contact Name - Person USAC should contact regarding this data	Carla Cooper
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<039> Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR 54.313(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2017.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing  
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

(3005) Rate Of Return Center Additional Documentation  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2018

<010>	Study Area Code	439048
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<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com

#### CAF BLS Reporting

- (3008A) Please indicate whether new locations were deployed during the prior calendar year. (Yes/No)
- (3008B) Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.
- (3008B1) Number of newly built locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.
- (3008B2) Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.
- (3008C) Please provide the percentage of deployment across the entire study area.

<010>	Study Area Code	439048
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<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Certification of Public Interest Obligations (47 CFR § 54.313(f)(1)(i))	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information <div style="border: 1px solid black; width: 250px; height: 25px; display: inline-block;"></div>
(3012A)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information <div style="border: 1px solid black; width: 250px; height: 25px; display: inline-block;"></div>
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No) <input type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input type="radio"/> <input type="radio"/>
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information <div style="border: 1px solid black; width: 250px; height: 25px; display: inline-block;"></div>
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No) <input type="radio"/> <input type="radio"/>
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.	<input type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information <div style="border: 1px solid black; width: 250px; height: 25px; display: inline-block;"></div>

(3005) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

OAR Control No. 3030-0362 OAR Control No. 3020-0819

July 2018

<010> Study Area Code	439048
<015> Study Area Name	Fidelity Cablevision, Inc.
<020> Program Year	2019
<030> Contact Name - Person USAC should contact regarding this data	Carla Cooper
<035> Contact Telephone Number - Number of person identified in data line <030>	5734681218 ext.
<036> Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com

## Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service (TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

Name of Attached Document Using Required Information

<010>	Study Area Code	439048
<015>	Study Area Name	Fidelity Cablevision, Inc.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Carla Cooper
<035>	Contact Telephone Number - Number of person identified in data line <030>	5134881210 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com

## 4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

Public Interest Obligations-- FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

Community Anchor Institutions-- FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes--attach new community anchors, no--no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year. Name of Attached Document Listing Required Information

<010>	Study Area Code	439048
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<030>	Contact Name - Person USAC should contact regarding this data	Carla Cooper
<035>	Contact Telephone Number - Number of person identified in data line <030>	5739681218 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com

5005 Alaska Plan

(5010) Do you participate in the Alaska plan? (Yes/No)

(5011) Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul. (Yes/No)

(5012) If the filing carrier identified in its approved performance plans that it relies exclusively on satellite backhaul for a certain portion of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul. (Yes/No)

[illegible]



Certification - Reporting Carrier Data Collection Form		RCC Form 481 OMB Control No. 3090-0696/ OMB Control No. 3090-0819 July 2018
<010> Study Area Code	439048	
<015> Study Area Name	Fidelity Cablevision, Inc.	
<020> Program Year	2019	
<030> Contact Name - Person USAC should contact regarding this data	Carla Cooper	
<035> Contact Telephone Number - Number of person identified in data line <030>	5734681218 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or U Recipients	
I certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients, and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	Fidelity Cablevision, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 07/06/2018
Printed name of Authorized Officer:	Carla Cooper
Title or position of Authorized Officer:	VP of Finance
Telephone number of Authorized Officer:	5734681218 ext.
Study Area Code of Reporting Carrier:	439048 Filing Due Date for this form: 07/16/2018
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C § 1001.	

Certification - Agent / Carrier Data Collection Form	EC Form 461 OMB Control No. 3060-0689 OMB Control No. 3060-0319 July 2018
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<010> Study Area Code	439048
<015> Study Area Name	Fidelity Cablevision, Inc.
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<030> Contact Name - Person USHC should contact regarding this data	Carla Cooper
<035> Contact Telephone Number - Number of person identified in data line <030>	5734661218 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	carla.cooper@fidelitycommunications.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

<039> Contact Email Address- Email Address of person identified in data line <030> carla.cooper@fidelitycommunications.com

Operating Company	Fidelity Cablevision, Inc.
-------------------	----------------------------

[illegible]

Fidelity Cablevision, Inc. (Fidelity)

SAC 439048

Oklahoma

FCC Form 481 – Line 1210

Description of Lifeline Terms and Conditions

- 1) See attached for Fidelity's Customer Application for Lifeline program.
- 2) All of Fidelity's Lifeline customers receive unlimited local calling minutes at a rate of \$1.00.
- 3) Fidelity provides toll calling at \$.07 per minute or unlimited long distance at \$15 a month for all calls within the U.S. outside of the local Fidelity calling area.

# Lifeline Program Application Form



Universal Service  
Administrative Co.

## 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

You will need to show your phone or internet company an official document from one of the government qualifying programs or prove your annual income. Please provide copies of your official documents with this application. 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 program you are qualifying through (your SNAP card, Medicaid card, Supplemental Security Income (SSI) benefit letter, Federal Public Housing Assistance (FPHA) award letter, or other accepted documents).
2. If you qualify through your income: copies of your state ID card and your last state, federal, or Tribal tax return, pay stubs for 3 consecutive months, or other accepted documents. Visit [lifelinesupport.org](http://lifelinesupport.org) to see the full list of accepted documents.

Visit [lifelinesupport.org](http://lifelinesupport.org) to see the full list of accepted documents.

### Apply

To apply for a Lifeline benefit, fill out every section of this form, initial every agreement statement, and sign the last page.

To apply, bring or mail this form to your phone or internet company.

**FC**



Universal Service  
Administrative Co.

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)?**

Month

Day

Year

**What is your date of birth?**

**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

**FC**



Universal Service  
Administrative Co.

\*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 (BS 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. 188, 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)

Street Number and Name

Apt., Unit, etc. City

State Zip Code

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

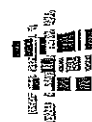
**What is your mailing address?** (Only fill this out if it is not the same as your home address.)

Street Number and Name

Apt., Unit, etc. City

State Zip Code





Universal Service  
Administrative Co.

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

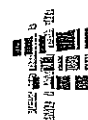
What are the last 4 numbers of their Social Security Number (SSN)?

--	--	--	--

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

--	--	--	--

# Lifeline Program Application Form



Universal Service  
Administrative Co.

## 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? (only check yes or no next to your household size)				
	All 48 States & DC (not Alaska and Hawaii)	Alaska	Hawaii	Yes	No
<input type="checkbox"/> 1	\$16,389	\$20,493	\$18,846	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 2	\$22,221	\$27,783	\$25,555.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 3	\$28,053	\$35,073	\$32,265	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 4	\$33,885	\$42,363	\$38,974.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 5	\$39,717	\$49,653	\$45,684	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 6	\$45,549	\$56,943	\$52,393.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 7	\$51,381	\$64,233	\$59,103	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 8	\$57,213	\$71,523	\$65,812.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> If more than 8, add this amount for each extra person:	Add \$5,832	Add \$7,290	Add \$6,709.50	<input type="checkbox"/> Yes	<input type="checkbox"/> No

135% of the 2018 Federal Poverty Guidelines  
 \*The Federal Poverty Guidelines are typically updated at the end of January.

# Lifeline Program Application Form



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## 4. Agreement

I agree, under  
penalty of perjury,  
to the following  
statements:

*You must initial next to  
each statement.*

☐  
Initial

I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).

☐  
Initial

I agree that if I move I will give my service provider my new address within 30 days.

☐  
Initial

I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:

- 1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore.
- 2) Either I or someone in my household gets more than one Lifeline benefit (including, more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services).

☐  
Initial

I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit.

☐  
Initial

I agree that my service provider can give the Lifeline Program administrator all of the information I am giving on this form. I understand that this information is meant to help run the Lifeline Program and that if I do not let them give it to the Administrator, I will not be able to get Lifeline benefits.

☐  
Initial

All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.

☐  
Initial

I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

☐  
Initial

My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.

☐  
Initial

I was truthful about whether or not I am a resident of Tribal lands, as defined in section 2 of this form.

I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service. Message and data rates may apply. Text STOP to end messages.

Signature

Today's Date

# Lifeline Program Application Form



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## 5. Agent Information

*Answer only if a sales  
person submits this form.*

<b>What is the agent's full legal name?</b> The name you use on official documents, like your Social Security Card or State ID. Not a nickname.																									
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												Month				Day				Year					

# Lifeline Program Application Form



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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 Commission'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-PER, 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](mailto: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, which we have published in 82 Fed. Reg. 38686 (Aug. 15, 2017).

**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.

# Lifeline Program Household Worksheet



Universal Service  
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## About Lifeline

Lifeline is a benefit that lowers the monthly cost of phone or internet service (not both). You are only allowed to get one Lifeline benefit per household, not per person.

## What this worksheet is for

Use this worksheet if someone else at your address gets Lifeline. The answers to these questions will help you find out if there is more than one household at your address.

## 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).

### Examples of one household:

- A married couple who live together are one household. They must share one Lifeline benefit.
- A parent/guardian and child who live together are one household. They must share one Lifeline benefit.
- An adult who lives with friends or family who financially support him/her are one household. They must share one Lifeline benefit.

### Examples of more than one household:

- 4 roommates who live together but do not share money are 4 households. They can have one Lifeline benefit each, 4 total.
- 30 seniors who live in an assisted-living home are 30 households. They can have one Lifeline benefit each, 30 total.

## Household expenses

A household shares expenses. Household expenses include, but are not limited to, food, healthcare expenses, and the cost of renting or paying a mortgage on your place of residence and utilities.

## Income

Households share income. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

FC



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

Page 2 of 4

# Lifeline Program Household Worksheet



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## Can you apply?

Follow this decision tree  
to confirm if you qualify  
for the Lifeline Program.

### 1. Do you live with another adult?

Adults are people who are 18 years old or older, or who are emancipated minors. This can include a spouse, domestic partner, parent, adult son or daughter, adult in your family, adult roommate, etc.

☐ Yes

*If yes, answer  
question 2*

☐ No

### 2. Do they get Lifeline?

☐ Yes

*If yes, answer  
question 3*

☐ No

**You can apply for Lifeline.** You live in a household that does not get Lifeline yet. Please initial line **B** on page 3, and sign and date the worksheet.

☐ Check this box

### 3. Do you share money (income and expenses) with them?

This can be the cost of bills, food, etc., and income. If you are married, you should check yes for this question.

☐ Yes

☐ No

**You do not qualify for Lifeline** because someone in your household already gets the benefit. You are only allowed to get one Lifeline discount per household, not per person.

☐ Check this box

**You can apply for Lifeline.** You live at an address with more than one household and your household does not get Lifeline yet. Please initial lines **A** and **B** on page 3, and sign and date the worksheet.

☐ Check this box



# Lifeline Program Household Worksheet



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## Agreement

Please initial the agreement below and sign and date this worksheet. Submit this worksheet to your service provider with your Lifeline Program Application Form.

☐

**A** I live at an address with more than one household.

☐

**B** I understand that the one-per-household limit is a Federal Communications Commission (FCC) rule and I will lose my Lifeline benefit if I break this rule.

Signature

Today's Date



I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service. Message and data rates may apply. Text STOP to end messages.

## Notice

**NOTICE:** Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. If more than one person at the same address is applying for Lifeline service, all applicants must submit a Household Worksheet. This collection of information stems from the Commission'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.

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The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information that you provide to determine your eligibility for Lifeline services. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your form may be disclosed to the Department of Justice, court, or other adjudicative body when (a) the Commission; (b) any employee of the Commission; or (c) the United States government, is a party to a proceeding before the body or has an interest in the proceeding.

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.

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