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2. 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)
- ☐ Supplemental Security Income (SSI)
- ☐ Medicaid
- ☐ Federal Public Housing Assistance
- ☐ Veterans Pension and Survivors Benefit Programs

Tribal-Specific Programs

- ☐ Bureau of Indian Affairs General Assistance
- ☐ Tribally-Administered Temporary Assistance for Needy Families (TANF)
- ☐ Food Distribution Program on Indian Reservations (FDPIR)
- ☐ 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)	
	48 Contiguous State & D.C.	Hawaii
<input type="checkbox"/> 1	\$16,389	\$18,846
<input type="checkbox"/> 2	\$22,221	\$25,556
<input type="checkbox"/> 3	\$28,053	\$32,265
<input type="checkbox"/> 4	\$33,885	\$38,975
<input type="checkbox"/> 5	\$39,717	\$45,684
<input type="checkbox"/> 6	\$45,549	\$52,394
<input type="checkbox"/> 7	\$51,381	\$59,103
<input type="checkbox"/> 8	\$57,213	\$65,813
<input type="checkbox"/> If more than 8, add this amount for each extra person:	\$5,832	\$6,710

135% of the 2018 Federal Poverty Guidelines

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

3. Agreement

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

You must initial next to each statement.

- ☐ 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).
- ☐ I agree that if I move I will give my service provider my new address within 30 days.
- ☐ 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).
- ☐ 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.
- ☐ 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.
- ☐ All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.
- ☐ 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.
- ☐ 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.
- ☐ 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

4. Agent Information

Answer only if a sales person submits this form

What is the agent's 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 the agent's ID number?

What is their date of birth?

Month Day Year