



Low-Income Telephone/Broadband Discount Lifeline Recertification Form

Full Name: _____

Home Address (No PO box): _____

Apt. # (if applicable) _____

City: _____ Zip Code: _____

Billing Address: _____

Apt. # (if applicable) _____

City: _____ Zip Code: _____

Email Address: _____

Best way to reach you: Email Phone Text Message Mail

You must provide this information:

Date of Birth (mm/dd/yyyy): _____

Social Security Number/Tribal ID#: _____

Telephone # Receiving Lifeline Service: _____
(Required for the telephone Lifeline service)

Telephone/Broadband Provider: _____

This is a Temporary Address: Yes _____ No _____

Check if you live on Tribal Lands:

**ONLY ONE LIFELINE BENEFIT IS ALLOWED PER HOUSEHOLD
YOU COULD LOSE YOUR LIFELINE BENEFIT IF YOU VIOLATE THIS RULE**

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.

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

Qualify through a government program:

Check all programs that you or someone in your household have:

- | | |
|---|---|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) (Food Stamps) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Medicaid (includes CHIP) | <input type="checkbox"/> Federal Public Housing Assistance (FPHA) |
| <input type="checkbox"/> Veterans Pension or Survivors Benefit Programs | |

Tribal Specific Programs

- | | |
|---|---|
| <input type="checkbox"/> Bureau of Indian Affairs (BIA) General Assistance | <input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR) |
| <input type="checkbox"/> Tribal Temporary Assistance for Needy Families (Tribal TANF) | <input type="checkbox"/> 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)

Number of Household Members: _____

Number of persons in Household:	1	2	3	4	5	6	7	8
Total Household annual income (state)	\$18,210	\$24,690	\$31,170	\$37,650	\$44,130	\$50,610	\$57,090	\$63,570
Total Household annual income (federal)	\$16,389	\$22,221	\$28,053	\$33,885	\$39,717	\$45,549	\$51,381	\$57,213

Agent Information (Answer only if a sales person submits this form.)

Full Name: _____

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

Agent's ID number: _____

Agent's Date of Birth (mm/dd/yyyy): _____

Agreement:

I agree under penalty of perjury to the following statements: (You must initial next to each statement.)

- #1 _____ 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
- #2 _____ I agree that if I move I will give my service provider my new address within 30 days.
Initial
- #3 _____ 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
- #4 _____ 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
- #5 _____ 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
- #6 _____ All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.
Initial
- #7 _____ 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
- #8 _____ 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
- #9 _____ I was truthful about whether or not I am a resident of Tribal lands, as defined on the first page of this form.
Initial

Lifeline is a federal benefit that makes monthly telephone and broadband service more affordable for eligible households. Your household may receive the Lifeline benefit for telephone service OR broadband service, but not both. For Lifeline telephone service, your household may receive the Lifeline benefit for one mobile OR one fixed home telephone service, but not both. For Lifeline broadband service, your household may receive the Lifeline benefit for one mobile broadband OR one fixed broadband service, but not both. Your household may not receive the Lifeline benefit from more than one service provider. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income or expenses. Lifeline is a non-transferable benefit. You may not transfer your Lifeline benefit to another person, even if he or she is eligible. You will lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive the Lifeline benefit.

Signature: _____ **Date:** _____