

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 phone or your home, 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 who is not part of your household, even if they qualify. They must apply for their own Lifeline benefit.

Be honest on this form

It is against the law to lie on this form, and on any Lifeline-related form or questionnaires. If you do, 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 (i.e., fines or imprisonment).

You may need to show other documents

If the Lifeline Program is not able to prove you qualify using only this form, you may need to show an official document from one of the government qualifying programs or to prove your annual income. You can submit photo copies of your official documents with this application, or wait until the Lifeline Program 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: photo copies of both sides 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: photo copies of both sides of your state ID card and 3 pay stubs in a row

Visit 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.

Bring this form to any 3 Rivers office or mail to:
3 Rivers Communications
PO Box 429
Fairfield, MT 59436

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2. Your Information

All fields are required unless indicated.

*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 [47 C.F.R.] § 54.412.

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 Last Middle (optional) Suffix (optional)

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)?
(Enter your Tribal Identification Number if you do not have a SSN)

What is the best way to reach you?

email phone text message mail

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

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

If you are NOT applying through a child or dependent, do not fill out this section

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 Last Middle (optional) Suffix

What are the last 4 numbers of their Social Security Number (SSN)?
(Enter their Tribal Identification Number if they do not have a SSN)

What is their date of birth? **Check if they live on Tribal Lands**

Month Day Year

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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? (only check yes or no next to your household size)				
	All 48 States & DC (not Alaska and Hawaii)	Alaska	Hawaii	Yes	No
1	\$16,281	\$20,331	\$18,711	Yes	No
2	\$21,924	\$27,392	\$25,205	Yes	No
3	\$27,567	\$34,452	\$31,698	Yes	No
4	\$33,210	\$41,513	\$38,192	Yes	No
5	\$38,853	\$48,573	\$44,685	Yes	No
6	\$44,496	\$55,634	\$51,179	Yes	No
7	\$50,139	\$62,694	\$57,672	Yes	No
8	\$55,782	\$69,755	\$64,166	Yes	No
If more than 8, add this amount for each extra person:	\$5,643	\$7,061	\$6,494	Yes	No

135% of the 2017 Federal Poverty Guidelines
 *The Federal Poverty Guidelines are typically updated at the end of January.

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4. Agreement

I understand that it is against the law to lie on this form and 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).

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:

Initial

- 1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore.
- 2) 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).
- 3) Another person in my household is getting Lifeline.

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 information to get Lifeline Program benefits is against the law and can result in fines, jail time, de-enrollment, or not being allowed to participate in 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 54.400(e) of the Lifeline rules.

Initial

Signature	Today's Date
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5. Agent Information

Answer only if a sales person helped fill out 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	Last	Middle (optional)	Suffix
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What is the agent's USAC ID number?

What is the agent's date of birth?

Month	Day	Year
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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. The data in the form will be used 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 form, 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-PERF, 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. 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 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.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.