



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

If the Lifeline Program Administrator is not able to validate that you or someone in your household qualify using this form and electronic databases, you may need to provide an official document from one of the government qualifying programs or documentation that proves your annual income. You can submit copies of your official documents with this application or wait until the Lifeline Program Administrator 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, provide a copy of a document such as an approval letter or benefit letter with the name of the person in your household who qualifies, name of the program, and issue date within the past 12 months or future expiration date.
- **2.** If you qualify through your income, provide a copy of the prior year's state, federal, or Tribal tax return or a current income statement from an employer or paycheck stub for 3 consecutive months (or other accepted documents).

Visit lifelinesupport.org to see all acceptable document guidelines.

Apply

To apply for a Lifeline benefit, fill out the required sections of this form, initial every agreement statement, and sign on page 6.

Mail the form to this address:

USAC Lifeline Support Center P.O. Box 7081 London, KY 40742





2a. Your Information

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. No	ot a nickname.	
First			
Middle (optional)			Suffix (optional)
Last			
What is your phone number (if you have one)?	What is y	our 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 N	Number (SSN)?		
If you do not have a SSN, what is your Tribal Identification Numbe	r?		
What is the best way to reach you?			
email phone* text messa	ıge*	mail	

*If I selected the phone or text option, I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service.

If I selected the text message option, message and data rates may apply.

Text STOP to end messages.





2b. Your Information (continued)

* 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 FCC 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 sei	rvice. 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 o	out if it is no	ot the same as your home address.)
Street Number and Name			
Apt., Unit, etc.	City		
State Zip Code			





2c. Your Information (continued)

Only fill this section out if you are applying through a child or dependent.

		qualifying thro following que	ough a child or depe stions:	ndent in your house	Phold.
What is t	heir full lega	al name?			
Fire					
First					
Middle (optio	onal)				Suffix (optional)
Last					
What is t	heir date of	birth?			
Month	Day	Year			
	·		Social Security Numb	oor (SSN)?	
			dentification Number?	Jei (33N):	
·					





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)



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, and Territories (not Alaska and Hawaii)	Alaska	Hawaii				
1	\$18,347	\$22,937	\$21,101	Yes	No		
2	\$24,719	\$30,902	\$28,431	Yes	No		
3	\$31,091	\$38,867	\$35,762	Yes	No		
4	\$37,463	\$46,832	\$43,092	Yes	No		
5	\$43,835	\$54,797	\$50,423	Yes	No		
6	\$50,207	\$62,762	\$57,753	Yes	No		
7	\$56,579	\$70,727	\$65,084	Yes	No		
8	\$62,951	\$78,692	\$72,414	Yes	No		
If more than 8, add this amount for each extra person:	Add \$6,372	Add \$7,965	Add \$7,331	Yes	No		

135% of the 2022 Federal Poverty Guidelines

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





4. 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 all of the information I provide on this form may be collected, used, shared, and retained for the purposes of applying for and/or receiving the Lifeline Program benefit. I understand that if this information is not provided to the Lifeline Program Administrator, I will not be able to get Lifeline benefits. If the laws of my state or Tribal government require it, I agree that the state or Tribal government may share information about my benefits for a qualifying program with the Lifeline Program Administrator. The information shared by the state or Tribal government will be used only to help find out if I can get a Lifeline Program benefit.

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

Initial

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.

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

Initial

Signature	Today's Date





5. 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 the	e agent's date	e of birth?
	Month	Day	Year





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 FCC'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-PERM, 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 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 is available at https://www.fcc.gov/managing-director/privacy-transparency/privacy-act-information#systems/.

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





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 henefit
- 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.

FCC FORM 5631

Lifeline Program **Household Worksheet**





Your Information

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

The name you	use on o	ficial d	ocum	nents,	, like y	your	Socia	al Sec	urity	Card	or St	ate I	D. No	ot a n	ickna	me.						_
First				Ш																		
11130														_	_	1					_	_
Middle (option	.L al)																	Suffix	(on	tiona	1)	
middle (optioni	ut)																_	Juin	т (ор	LIOITE		
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	r home	add	ress	? (The	e add	ress	wher	re you	ı will g	get se	ervice	e. Do	not u	use a	P.O. E	Зох)						
	r home	add	ress	? (The	e add	ress	wher	re you	ı will g	get se	ervice	e. Do	not u	use a	P.O. E	Зох)			T		T	
What is you			ress	? (The	e add	ress	wher	re you	ı will g	get se	ervice	e. Do	not u	use a	P.O. E	Зох)						
What is you			ress	? (The	e add	ress	wher	re you	ı will g	get se	ervice	e. Do	not u	use a	P.O. E	Box)						
What is you			ress	? (The	e add	ress	wher	re you	ı will g	get se	ervice	e. Do	not u	use a	P.O. E	Box)						
What is you			ress		e add	ress	wher	re you	ı will g	get se	ervice	e. Do	not u	use a	P.O. E	Зох)						

Lifeline Program **Household Worksheet**



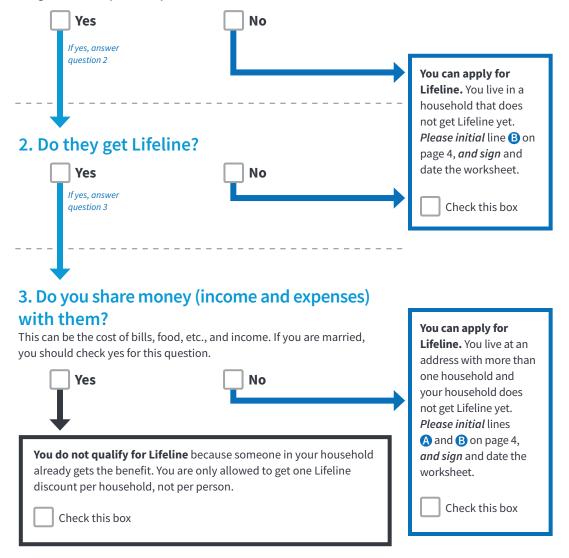


Can you apply?

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.



Lifeline Program **Household Worksheet**





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.

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.

(A) I live at an address with more than one household.	
B I understand that the one-per-household limit is a Fede (FCC) rule and I will lose my Lifeline benefit if I break thi	
Signature	Today's Date

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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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.

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