



1. About Lifeline

Lifeline is a Federal
Communications
Commission (FCC)
program that provides
a monthly phone or
internet service discount
for qualifying low-income
consumers.

Rules

If you qualify, your household can receive a monthly Lifeline benefit of up to \$9.25 to lower the costs of phone or internet service and up to \$34.25 for qualifying households on Tribal lands.

- 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.**

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). Complete the Lifeline household worksheet to determine if more than one qualifying household is located at your address. If more than one person in your household participates in Lifeline, you are breaking the FCC's rules and will lose your benefit.

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 by checking available electronic resources (including eligibility databases for the FCC's government agency partners), you may need to provide additional documents. For example, you may need to provide an official document that proves your participation in a qualifying government assistance program, your income, or your identity. Please include copies of your proof documentation when you submit your application to speed up processing time.

Apply

To apply for a Lifeline benefit, fill out the required sections of this form, initial every agreement statement, and sign on page 6. You can also apply online at **LifelineSupport.org** for fastest processing.

Mail the form to this address: USAC Lifeline Support Center PO Box 1000 Horseheads, NY 14845





2a. Your Information

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

*The Safe Connections Act (SCA) was enacted to ensure that survivors can separate from abusers without losing independent access to their mobile service. Through the SCA, survivors can receive a 6-month benefit by providing proof of a legitimate line separation request submitted to a service provider and confirming that they are experiencing financial hardship. A survivor is defined as an individual who is not less than 18 years old and either (1) experienced domestic violence, dating violence, sexual assault, stalking, sex trafficking, or (2) cares for someone who has experienced such acts. If participating through the SCA, consumers can list an address from the last 6 months. It does not have to be your current address.

What is your full legal name?		
The name you use on official documents, like your Social Security Carc	d or State ID. Not a nickname.	
First		
Middle (optional)		Suffix (optional)
Last		
What is your phone number (if you have one)?	What is your date of birt	h?
	Month Day	Year
What is your email address (if you have one)?		
What are the last 4 numbers of your Social Security Num	nber (SSN)?	
If you do not have a SSN, what is your Tribal Identification Number?		
I jou de not nate à soit, interio jour induitation number		
Check if you are applying as a Survivor of Domestic Viole	ence under the SCA (Safe Co	nnections Act)*:
What is the best way to reach you?		
email phone* text message	e* 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.

A map of qualifying Tribal lands is available on USAC's website: https://www.lifelinesupport.org/ wpcontent/uploads/documents/getlifeline/fcc_tribal_lands_map.pdf

What is your hon	ne addres	SS! (The addr	233 WHERE	you will go	C SCI VICC. I	3000		1.0. 0.	JA)			
Street Number and Na	ame											
Apt., Unit, etc.		City		-								
State Zip (Code											
s this a tempora	ry addres	ss? Y	es 🗆	No	Ch	1- :	c		_	 		
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What is your mai	ling addr	ress? (Only		_								
		ress? (Only		_								
		ress? (Only		_								
What is your main street Number and Name of		ess? (Only		_								





2c. Your Information (continued)

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

What is	their	full l	egal	nan	ne?														
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What is	their	date	of bi	irth?	?				1										
What is	their	date	of bi	irth?	?]										
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Month		Day		Ye	ear	heir	Soc	ial S	ecuri	itv N	umb	er (S	SN)?	, [7			
Month What are	e the l	Day ast 4	num	ye bers	ear s of t							er (S	SN)?	?					
	e the l	Day ast 4	num	ye bers	ear s of t							er (S	SN)?	?					





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 certain government assistance programs or through your income (you do not need to qualify through both).

When you mail this form, please include documents that show you participate in one of the programs you selected or that you qualify through your income. A list of acceptable documents is available at LifelineSupport.org

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
Survivors of Domestic Violence through the Safe Connections Act (SCA) - must also complete Section 5 on page 7
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 state and househol (only check yes or no next	ld size?		unt listed fo	or your
	All 48 States, DC, and Territories (not Alaska and Hawaii)	Alaska	Hawaii		
1	\$20,331	\$25,394	\$23,369	Yes	No
2	\$27,594	\$34,479	\$31,725	Yes	No
3	\$34,857	\$43,565	\$40,082	Yes	No
4	\$42,120	\$52,650	\$48,438	Yes	No
5	\$49,383	\$61,736	\$56,795	Yes	No
6	\$56,646	\$70,821	\$65,151	Yes	No
7	\$63,909	\$79,907	\$73,508	Yes	No
8	\$71,172	\$88,992	\$81,864	Yes	No
If more than 8, add this amount for each extra person:	Add \$7,263	Add \$9,086	Add \$8,357	Yes	No
135% of the 2024 Federal Poverty Guide *The Federal Poverty Guidelines are typic.		anuary.			





4. Agreement

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

You must initial next to each statement. If you fail to initial each statement, your application will be considered incomplete.

By providing a phone number, you consent to letting USAC contact you at that phone number via artificial or prerecorded voice message or text for important reminders and updates about your Lifeline benefit. For text messages, message and data rates may apply. Text STOP to end messages.

Signa	ture	Today's Date
Initial	I was truthful about whether or not I am a resident of Tribal l this form.	
Initial	My service provider may have to check whether I still qualify (renew) my Lifeline benefit, I understand that I have to response removed from the Lifeline Program and my Lifeline benefit whether the certification below applies to all consumers and is required.	nd by the deadline or I will be vill stop.
Initial	I know that willingly giving false or fraudulent information to go punishable by law and can result in fines, jail time, de-enrollm program.	
	All the answers and agreements that I provided on this form of my knowledge.	are true and correct to the best
Initial	I agree that all of the information I provide on this form may be for the purposes of applying for and/or receiving the Lifeline P if this information is not provided to the Lifeline Program Adm Lifeline benefits. If the laws of my state or Tribal government may share information about my benefits for Lifeline Program Administrator. The information shared by the used only to help find out if I can get a Lifeline Program benefit	rogram benefit. I understand that iinistrator, I will not be able to get equire it, I agree that the state or for a qualifying program with the e state or Tribal government will be
Initial	I know that my household can only get one Lifeline benefit at my household is not getting more than one Lifeline benefit.	nd, to the best of my knowledge,
inicat	 I, or the person in my household that qualifies, do not of program or income anymore. Either I or someone in my household gets more than or than one Lifeline broadband internet service, more than both Lifeline telephone and Lifeline broadband internet. 	ne Lifeline benefit (including more n one Lifeline telephone service, or
Initial	I understand that I have to tell my service provider within 30 d anymore, including:	
Initial	I agree that if I move I will give my service provider my new a	ddress within 30 days.
Initial	I (or my dependent or other person in my household) curren program(s) listed on this form or my annual household incor Poverty Guidelines (the amount listed in the Federal Poverty	ne is 135% or less than the Federal





5. Survivors of Domestic Violence

Domestic Violence Survivors can qualify for an emergency Lifeline benefit through the Safe Connections Act (SCA) by (A) providing evidence of a legitimate line separation request submitted to the provider, and (B) confirming their participation in a broader range of qualifying programs or that their income is at or below 200% of the Federal Poverty Guidelines.

Qualify as a Survivor of Domestic Violence: (Only fill this out if you qualify as a Survivor of Domestic Violence)
Check all programs that you or someone in your household have:
Federal Pell Grant for the current award year
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
Free and Reduced-Price School Lunch or Breakfast Program, or enrollment in a Community Eligibility Provision School

Certify your income by completing the chart below.

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	\$30,120	\$37,620	\$34,620	Yes	No						
2	\$40,880	\$51,080	\$47,000	Yes	No						
3	\$51,640	\$64,540	\$59,380	Yes	No						
4	\$62,400	\$78,000	\$71,760	Yes	No						
5	\$73,160	\$91,460	\$84,140	Yes	No						
6	\$83,920	\$104,920	\$96,520	Yes	No						
7	\$94,680	\$118,380	\$108,900	Yes	No						
8	\$105,440	\$131,840	\$121,280	Yes	No						
If more than 8, add this amount for each extra person:	Add \$10,760	Add \$13,460	Add \$12,380	Yes	No						
200% of the 2024 Federal Poverty Guidel *The Federal Poverty Guidelines are typica		nuary.									
I have received documenta separation request, and I a	•	•		•							

Initial	separation request, and I am submitting my application with evidence of that documentation.
Initial	If my eligibility cannot be confirmed automatically, or if I do not have proof of my income, I certify under penalty of perjury that my income is at or below 200% of the Federal Poverty Guidelines, and I am experiencing financial hardship (only to be completed if documentation cannot be easily provided).
	I understand that by qualifying for Lifeline through the Safe Connections Act (SCA), I am eligible for the benefit for 6 months. I understand that once the 6 month benefit period is over, I may

income is at or below 135% of the Federal Poverty Guidelines.

qualify for Lifeline through participation in another qualifying program or by confirming my initial

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Initial





6.

Representative Information

Representatives who help consumers apply (such as phone or internet company agents, state and Tribal partners, etc.) are required to register in the Representative Accountability Database (RAD) and must enter their information in this section.

What i	is you	r Rep	resei	ntati	ve II)?								

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. 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.

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 854 400 et seg.)

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, is available at https://www.fcc.gov/managing-director/privacytransparency/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.