

Lifeline Program Application (FCC FORM 5629) Instructions

Page 1: About the Lifeline Program

Lifeline is a federal government program of the Federal Communications Commission (FCC) 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.

If you no longer qualify for the Lifeline benefit (for example, your income exceeds the income level or you no longer participate in a qualifying benefits program), you must notify your Lifeline phone or internet company within 30 days.

Note: Phone and internet companies must also meet certain criteria to participate in the Lifeline program. Check with your phone or internet company to determine if it participates. If you are looking for a phone or internet company, please visit the Companies Near Me search page at <https://cnm.universalservice.org/> to find a participating company in your area.

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. You may access the Lifeline household worksheet here:

https://www.lifelinesupport.org/wp-content/uploads/documents/get-lifeline/LI_Worksheet_UniversalForms.pdf

Do not give your benefit to another person

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

Be honest on this form

You must give accurate and true information on the form and on all Lifeline-related forms or questionnaires. If you give false or fraudulent information, you will lose your benefit (i.e., de-enrollment or being barred from the program) and the United States government can take legal action 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.

How to Apply

To apply for the Lifeline program, 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

Page 2: Your Information

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

- **What is your full legal name?** Enter your first name on the first line, middle name (optional) on the second line in the first set of boxes, and last name on the third line. Include any suffix (optional) on the second line in the second set of boxes. Please use your full legal name as it appears on official documents. Do not use a nickname.

- **What is your phone number?** Enter your phone number if you have one. By providing a phone number, you consent to letting USAC contact you at the 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 apply. Text STOP to end messages.
- **What is your date of birth?** Enter your birth month, day, and year in that order.
- **What is your email address?** If you have an email address, enter it here. Providing an email address is recommended so USAC can send you status updates about your application.
- **What are the last 4 numbers of your Social Security Number (SSN)?** Enter the last four digits of your Social Security Number (SSN4) in the space provided on the right.
 - **If you do not have a SSN, what is your Tribal Identification Number?** If you do not have a SSN but have a Tribal Identification Number, enter the number in the space provided immediately below.
- **If you are applying as a Survivor of Domestic Violence under the SCA (Safe Connections Act) ***, check the box on the right.
 - *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 up to 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 related crimes; or (2) cares for someone who has experienced such acts. If participating through the SCA, consumers can list an address (on page 3) from the last 6 months.
- **What is the best way to reach you?** Check the box to let USAC know the best way to reach you. USAC will use your selection to send you important information about your Lifeline benefit.

Page 3: Your Information (continued)

- **What is your home address?** Enter your home address. This should be the address where you live and cannot be a PO Box. It should include your street number and name on the first line, your apartment or unit number (if you have one) on the second line in the first set of boxes, the city on the second line in the second set of boxes, the state abbreviation on the third line in the first set of boxes, and the ZIP Code on the third line in the second set of boxes. If you move, you must update your address with your phone or internet company within 30 days.

- **Is this a temporary address?** Check yes or no.
- **If you live on qualifying Tribal lands**, check the box. Under Lifeline rules, 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/wp-content/uploads/documents/get-lifeline/fcc_tribal_lands_map.pdf.
- **What is your mailing address?** Enter your mailing address only if it is different from your home address. It should include your street number and name on the first line, your apartment or unit number (if you have one) on the second line in the first set of boxes, the city on the second line in the second set of boxes, the state abbreviation on the third line in the first set of boxes, and the ZIP Code on the third line in the second set of boxes.

Page 4: Your Information (continued)

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

If you are qualifying through a child or dependent, please check the box to indicate you are eligible through a benefit qualifying person (BQP).

- **What is their full legal name?** Enter the child or dependent’s full, legal name. Enter the first name on the first line, middle name (optional) on the second line in the first set of boxes, and last name on the third line. Include any suffix (optional) on the second line in the second set of boxes. The benefit qualifying person cannot be the same as the applicant and must match the name on the documentation demonstrating participation in the qualifying benefit program.
- **What is their date of birth?** Enter their date of birth – month, day, and year in that order.
- **What are the last 4 numbers of their Social Security Number (SSN)?** Enter the last four digits of their Social Security Number (SSN4) in the space provided to the right.
- **If they do not have a SSN, what is their Tribal Identification Number?** If they do not have a SSN but have a Tribal Identification Number, enter the number in the space provided immediately below.

Page 5. 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 in this form, please include copies of documents that show that you participate in one of the programs you selected or that you qualify through your income. A list of acceptable documents is available at <https://www.lifelinesupport.org/wp-content/uploads/Lifeline-Acceptable-Documentation-Guide.pdf>. **You should not provide original documents.**

Qualify through a government program. Check the box next to all the programs that you or someone in your household participate in:

- Supplemental Nutrition Assistance Program (SNAP, also called Food Stamps)
- Supplemental Security Income (SSI)
- Medicaid
- Federal Public Housing Assistance (FPHA) (including Housing Choice Voucher (HCV) Program (Section 8 Vouchers), Project-Based Rental Assistance (PBRA)/202/811, Public Housing, and Affordable Housing Programs for American Indians, Alaska Natives or Native Hawaiians)
- Veterans Pension or Survivors Benefit Programs
- Survivors of Domestic Violence through the Safe Connections Act (SCA) – please note by selecting this option, you must also complete 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 out this section if you do not qualify for Lifeline through a government program. You qualify through income if your income is at or below 135% of the Federal Poverty Guidelines. The Federal Poverty Guidelines are typically updated at the end of January each year.

- **Including you, how many people live in your household?** Check the box next to the appropriate number.
- **Is your income the same or less than the amount listed on the application for your state and household size?** To find your state's income threshold, follow the line across from your household number to find Lifeline's income

limits. Check “yes” or “no” to indicate if your income is at or below the number listed. The first column is for households in the lower 48 states, DC, and territories. The second column is the income limit for Alaska and the third column is for Hawaii.

Page 6: Agreements and Signature

Initial each box to agree to the statement and sign and date the form. **If you do not initial each statement, your application will be considered incomplete.**

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

- 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.
- 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 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 benefit. I understand that if this information is not provided to the 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 benefit.
- 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 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.

The certification below applies to all consumers and is required to process your application.

- I was truthful about whether or not I am a resident of Tribal lands, as defined in the Your Information section of this form.
- **Signature:** Please sign the form.
- **Today's Date:** Enter today's date.

Page 7. Survivors of Domestic Violence

Only fill out this section if you qualify as a survivor of domestic violence.

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

Qualify as a Survivor of Domestic Violence: Check the box next to all the programs that you or someone in your household participate in:

- 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. Only fill out this section if you do not qualify as a survivor through a government program. You qualify as a survivor based on your income if your income is at or below 200% of the Federal Poverty Guidelines.

- **Including you, how many people live in your household?** Check the box next to the appropriate number.
- **Is your income the same or less than the amount listed on the application for your state and household size?** To find your state's income threshold, follow the line across from your household number to find Lifeline's income limits. Check "yes" or "no" to indicate if your income is at or below the number listed. The first column is for households in the lower 48 states, DC, and territories. The second column is the income limit for Alaska and the third column is for Hawaii.

Please initial the required agreements. **If you do not initial the required statements, your application will be considered incomplete.**

- I have received documentation from my service provider that I submitted a legitimate line separation request, and I am submitting my application with evidence of that documentation.
- 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 qualify for Lifeline through participation in another qualifying program or by confirming my initial income is at or below 135% of the Federal Poverty Guidelines.

Page 8. Representative Information and Notice

Answer only if a representative submits this form. 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 is your Representative ID?** A representative who submits this form must enter their representative ID as registered in the Representative Accountability Database.

For any questions, please contact the Lifeline Support Center

Website: LifelineSupport.org

Phone: 1-800-234-9473

Email: LifelineSupport@usac.org

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-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 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 §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, is available at <https://www.fcc.gov/managing-director/privacy-transparency/privacy-act-information>.

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.