

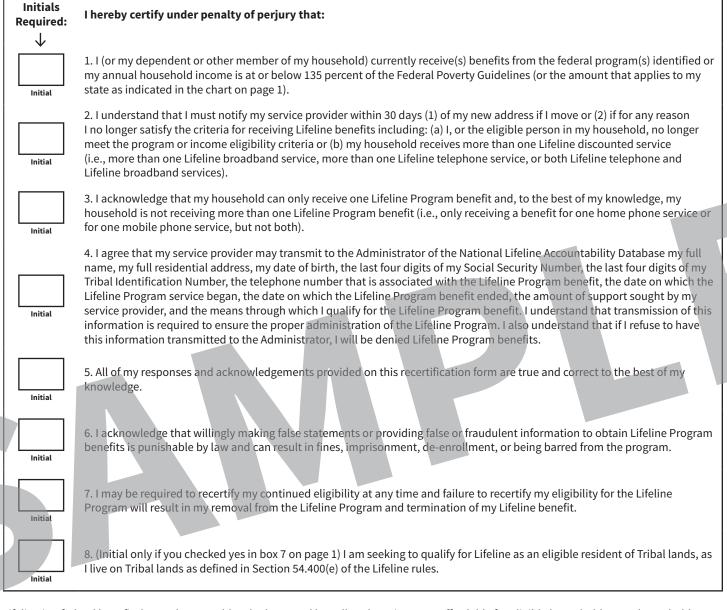
2017 Lifeline Program Annual Recertification Form

If you receive a Lifeline Program benefit and would like to recertify your continued eligibility by mail, you must complete and return this form within 60 days. If you do not return this form within 60 days or if the form is incomplete/illegible, your service provider will remove your monthly Lifeline discount. This may result in an increased monthly phone bill. You may also recertify by following one of the other methods described in the accompanying letter.

Section 1 of 3: Subscriber Information						
1. First Name:		2. Last Name:	. Last Name:			
3. Lifeline Supported Telephone Number (if applicable):			4. Date of Birth (mm/dd/yyyy):			
5. Last 4-digits of SSN:	l Identification Nu	ntification Number (if no SSN):				
7. I reside on Tribal Lands*: Yes No (check one) *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.						
Subscriber's address of primary residence (no P.O. Box):						
8. Street Address:			9. Apt:			
10. City:	11. State:		12. Zip Code:			
13. Is this a temporary address?: Yes 🔲 No 🗌	(check one)					
Billing Address, if different from service address (may include P.O. Box):						
14. Street Address:			15. Apt:			
16. City:	17. State:		18. Zip Code:			
Section 2 of 3: Eligibility for Lifeline						
Complete this section to indicate that you, a dependent, or a household** member receives benefits from at least one qualifying federal						
program or qualifies through income requirements. ** A household is any individual or group of individuals who live together at the same address and share income and expenses.						
Complete this section if you qualify through a program Complete this section if you qualify through income						
Check all programs you/your household participates in:		My household income is at or below the amount listed for my				
Supplemental Nutrition Assistance Program (SNAP) Supplemental Security Income (SSI) Medicaid		-	usehold size on the cl		-	
Federal Public Housing Assistance		Household Siz	ze 48 Contiguous States & D.C.		Hawaii	
Veterans Pension and Survivors Benefit Programs	OR	1	\$16,281	\$20,331	\$18,711	
Tribal Specific Programs		2	\$21,924 \$27,567	\$27,392 \$34,452	\$25,205 \$31,698	
Tribal-Specific Programs		4	\$33,210	\$41,513	\$38,192	
Bureau of Indian Affairs General Assistance		5	\$38,853	\$48,573	\$44,685	
Tribally-Administered Temporary Assistance		6	\$44,496	\$55,634	\$51,179	
for Needy Families (TTANF)		8	\$50,139 \$55,782	\$62,694 \$69,755	\$57,672 \$64,166	
Food Distribution Program on Indian Reservations (FDPIR)		each addition	al			
Head Start (only households that meet the income		member, add		\$7,061	\$6,494	
qualifying standard)						

Barcode Here

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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 DR 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

Today's Date

Mail your completed form to: