

INLAND TELEPHONE COMPANY (d/b/a INLAND NETWORKS)

103 S. 2ND Street, P.O. Box 171
Roslyn, WA 98941
(360) 372-2211; (800) 462-4578; Fax (509) 649-2555
Email: custserv@inlandnet.com

NOTE: MUST COMPLETE A CUSTOMER INFORMATION FORM PRIOR TO COMPLETING THIS FORM.

DISCLOSURE

Inland Telephone Company is an equal service provider and does not unlawfully discriminate on the basis of race, sex, age, religion, national origin, gender identity, sexual orientation, marital status, veteran status or any other basis prohibited by federal, state or local law.

CUSTOMERS NAME _____

SERVICE ADDRESS _____

DEWATTO - TELEPHONE SERVICE

ARE YOU ELIGIBLE FOR A TELEPHONE ASSISTANCE PROGRAM ? If yes, then please complete the Lifeline Certification Form.

It is the customer's responsibility to inform Inland Telephone Company of telephone assistance program eligibility. Failure to do so will result in full rate billing until the date that Inland Telephone Company is notified.

BILLING NAME AND ADDRESS DISCLOSURE

The Federal Communications Commission (FCC) has issued an Order 93-254, Docket 91-115 requiring local exchange telephone companies to disclose the customer's Billing Name and Address (BNA). As a result of the FCC mandate, Inland Telephone Company must disclose, when requested, the billing name and address of any customer utilizing certain toll services. Toll calls may be carried by an interexchange carrier, who a) is not your presubscribed interexchange carrier, or b) does not have a billing contract with Inland Telephone Company. Under these circumstances, the carrier does not know who to bill the call(s) to, and therefore, must request the customers BNA from Inland Telephone Company in order to bill the call(s). In addition, your BNA can be released for several other reasons, which may include verification for presubscription and new address purposes, fraud prevention and similar non-marketing purposes.

PREMISES INFORMATION

Is the premises a new construction?

Has the premises had prior service?

INFORMATION SERVICES

Directory Services

Would you like your telephone number (Mark one)

How would you like your name listed in the directory (if applicable)? _____

Include Address in listing? (Mark one)

Caller Identification

There is no monthly charge for either **Block Per Call** or **Block Per Line** service. Non-recurring charges may apply if this service is changed in the future at your request. If you do not choose, you will be given **Block Per Call**.

Caller ID is limited to fifteen (15) characters in length, no punctuations, and must be your last name first; **NO** nicknames. If you do not specify your choice, Inland Telephone Company will designate your listing.

How would you like your name to appear on Caller ID units you call? _____

OPTIONAL CALLING FEATURES

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DEWATTO - TELEPHONE SERVICE - Continued

CUSTOMERS NAME _____

OTHER OPTIONAL CALLING FEATURES

FEATURE GROUP 1

\$1.00 for a single feature from this group; \$0.75 each for multiple features

Call Waiting

Customer receives a tone while on a call which indicates a second incoming call. A flash of the hook switch puts the 1st party on hold and retrieves the second call.

Call Forwarding

Allows customer to route incoming calls to another number. Options include: call forward on busy, call forward no answer, call forward remote activation, call forward variable and call forward variable timed.

Three Way Calling

Allows customer to conference with two people in different locations at the same time.

Speed Calling: Choice of 8 or 30

Customer can reduce the time spent dialing frequently used numbers by programming one or two digits on their keypad to automatically dial the number for them.

Automatic Recall

Allows you to redial the last number that called you by hitting *69 to activate or deactivate.

Toll Denial

Customer's phone is blocked from making 0-plus or 1-plus long distance calls. Does not block 1-800 calls.

Account Code Forced

Customer must enter a code which is recognized by the system, thereby allowing the use of the phone.

Account Code Verified

Allows customer to change service options. For example, long distance capabilities by entering an account code prior to dialing out.

FEATURE GROUP 2

\$1.00 for a single feature from this group; \$0.75 each for multiple features

Anonymous Call Rejection**

By hitting *77, all incoming calls not identified by number or name & number will be rejected unless the called party uses *87 to unblock call rejection.

Automatic Call Back

Allows you to redial the last number that you called by hitting *66 to activate or deactivate.

Selective Call Acceptance**

Key *64 to activate, *84 to deactivate. Allow you to accept calls from numbers you select.

Selective Call Rejection**

Key *60 to activate, *80 to deactivate. Allow you to reject calls from numbers you select.

** Compliments Caller ID

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DEWATTO - TELEPHONE SERVICE - Continued

CUSTOMERS NAME _____

LONG DISTANCE SERVICE ELECTION

Choosing a Long Distance Carrier

Prior to the installation of your telephone service, you may choose one of a number of carriers for interLATA equal access toll service and for intraLATA toll dialing parity service at no charge. Your selection on this application will be considered your first selection at no charge, after which, a Primary Interexchange Carrier (PIC) change charge will apply to each PIC change, with the exceptions as detailed below.

If you do not choose a specific carrier for interLATA equal access toll service and intraLATA toll dialing parity service, Inland Telephone Company will not designate any carrier as your choice. By not making a specific choice, you will, in effect, be selecting a "No PIC", which is considered a service choice. If this is the case, you may access interLATA and intraLATA long distance using any access code, such as 101XXXX, that is available in your service area. If your choice is No PIC, you have 60 days from the date your local service is connected in which to make one change in carrier at no charge. To change your selection, you must notify the carrier of your choice, who will forward a PIC change notice to Inland Telephone Company. If you do not choose a carrier within 60 days or choose to change carriers a second time, PIC change charges will apply.

Below is the list of long distance carriers available to provide you with interLATA and intraLATA long distance. The best advice is to "shop around." You may contact any of the carriers listed prior to making your selections. Once you have decided on which carrier best meets your calling needs, you must inform that carrier and Inland Telephone Company of your choice(s).

CARRIER - RESIDENTIAL & BUSINESS SERVICE CONTACT NUMBER - PROVIDES INTERLATA AND/OR INTRALATA SERVICE				
Inland Long Distance	1-877-801-1111	1-877-801-1111	YES	YES
UCN, Inc.	1-800-363-6177	1-800-363-6177	YES	YES
AT&T	1-888-795-2717	1-888-795-2717	YES	YES
Excel Communications	1-800-875-9235	1-800-209-8133	YES	YES
MCI/Worldcom	1-800-275-0100	1-800-264-1000	YES	YES
Global Crossing	1-800-482-4848	1-800-783-2020	YES	YES
Primus Telecommunications	1-800-486-8686	1-800-486-8686	YES	YES

When selecting a long distance carrier, you may wish to consider some of the following questions:

- 1) How does their calling plan fit my personal calling needs?
- 2) What are their rates during "non-discounted periods"?
- 3) Are the rates they're showing me intrastate rates (within the state) or interstate rates (between two states)?
- 4) How do they compare with other companies' calling plans?
- 5) Are there other charges in addition to the per-minute charge?

Inland Telephone Company does not endorse any one specific long distance carrier. Inclusion on this list does not constitute an endorsement. The above list is provided to you in random order, which is changed on a regular basis.

My choice of carrier for InterLATA service is:

My choice of carrier for IntraLATA service is:

I understand that by completing the above two lines or by leaving one or both lines blank, I have made my initial selection of carrier. By completing one or both of the above lines, I have made my initial PIC and charges may apply to future PIC changes. If I have not chosen an interLATA or intraLATA carrier, I understand that I will have no direct dialed access to interLATA or intraLATA long distance and I have sixty (60) days from the date my local service is connected to change my selection of **NO PIC** one time at no charge. I understand that I can write No Carrier on either line as my initial choice and by doing so I will not have a presubscribed carrier assigned to my telephone line in the switching equipment.

SIGNATURE OF APPLICANT _____ **DATE** _____

APPLICANT (PRINTED) _____

SIGNATURE OF CO-APPLICANT _____ **DATE** _____

CO-APPLICANT (PRINTED) _____

INLAND LONG DISTANCE COMPANY

103 S. 2ND Street
P.O. Box 904
Roslyn, WA 98941
(509) 649-3700; (877) 801-1111
Fax (509) 649-3737

DISCLOSURE

Inland Long Distance Company is an equal service provider and does not unlawfully discriminate on the basis of race, sex, age, religion, national origin, marital status, veteran status or any other basis prohibited by federal, state or local law.

CALLING PLANS (only one calling plan available at this time)

INLAND Basic \$0.25 per minute/NO monthly recurring charge*

*The rate is for domestic long distance only; International rates apply for International calls. Other restrictions may apply, please ask customer service for details.

AGENCY AGREEMENT

Grant of Agency Authority:

This Agreement authorizes Inland Long Distance Company, consistent with Federal Communications Commission and Washington Utilities and Transportation Commission requirements, to act as our agent to change our Primary Interexchange Carrier (PIC) for only the services indicated for each of the telephone numbers listed on this form.

By my/our signature(s) below:

- I/We authorize Inland Long Distance Company ("ILDC") to obtain a credit report in connection with the service I/we am/are requesting from ILDC and that a deposit may be required as a result of the credit report. Upon request, I/we will be informed of the bureau name and address
- I/We understand that only one interexchange carrier may be designated as my/our Interstate (interLATA) Primary Interexchange Carrier (PIC) for any one telephone number, and I/we further understand that any PIC change made on my/our behalf may involve the imposition of a charge by the local exchange carrier that I/we am/are responsible for paying. ILDC is further authorized to change my/our Intrastate (interLATA) and international calling services for each of the telephone numbers listed on this form or any supplement to this authorization.
- I/We understand that only one interexchange carrier may be designated as my/our intraLATA Primary Interexchange Carrier (PIC) for any one telephone number, and I/we further understand that any PIC change made on my/our behalf may involve the imposition of a charge by the local exchange carrier that I/we am/are responsible for paying.
- I/We understand that the terms, conditions and rates for ILDC's Interstate and intraLATA service can be found by contacting the business office at 509-649-3700 or 1-877-801-1111, Monday through Friday, 8:00am to 5:00pm, by mail at PO Box 904, Roslyn, WA 98941-0904 or anytime at www.inlandnetworks.com

Use of services constitutes my/our agreement to those terms, conditions and rates.

Telephone Number(s) and services to be included in this authorization:

Telephone Number	InterLATA Y/N?	IntraLATA Y/N?	International Y/N?

I/we fully understand that by signing this Agency Agreement, I/we am/are primarily responsible for payment of the bill and am/are authorized to make changes to the account. I fully understand that without a signature from the co-applicant that the co-applicant as well as those that I/we may have listed as authorized users on the application, are authorized to access and make changes to the account.

SIGNATURE OF APPLICANT _____ DATE _____

APPLICANT (PRINTED) _____

SIGNATURE OF CO-APPLICANT _____ DATE _____

CO-APPLICANT (PRINTED) _____

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 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 your phone or internet company is not able to prove you or someone in your household qualify using this form and electronic databases, you may need to show an official document from one of the government qualifying programs or to prove your annual income. You can submit copies of your official documents with this application or wait until your phone or internet company 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: copies 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: copies of your state ID card and pay stubs for 3 consecutive months (or other accepted documents).

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.

To apply, bring or mail this form to your phone or internet company.

Lifeline Program Application Form



2. 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. Not a nickname.

First

Middle (optional)

Suffix (optional)

Last

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)?

If you do not have a SSN, what is your Tribal Identification Number?

What is the best way to reach you?

email phone text message mail

*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 the FCC's Lifeline rules.

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 Code

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 Code

Lifeline Program Application Form



2. Your Information (continued)

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

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

Middle (optional) Suffix (optional)

Last

Check if they live on Tribal Lands*

What are the last 4 numbers of their Social Security Number (SSN)?

If they do not have a SSN, what is their Tribal Identification Number?

What is their date of birth?

Month Day Year

Lifeline Program Application Form



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
<input type="checkbox"/> 1	\$16,389	\$20,493	\$18,846	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2	\$22,221	\$27,783	\$25,555.50	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3	\$28,053	\$35,073	\$32,265	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4	\$33,885	\$42,363	\$38,974.50	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5	\$39,717	\$49,653	\$45,684	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 6	\$45,549	\$56,943	\$52,393.50	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7	\$51,381	\$64,233	\$59,103	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 8	\$57,213	\$71,523	\$65,812.50	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> If more than 8, add this amount for each extra person:	Add \$5,832	Add \$7,290	Add \$6,709.50	<input type="checkbox"/>	<input type="checkbox"/>

135% of the 2018 Federal Poverty Guidelines
*The Federal Poverty Guidelines are typically updated at the end of January.

Lifeline Program Application Form



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).
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:

- 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.
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 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.
Initial

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

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.

Signature	Today's Date
<input type="text"/>	<input type="text"/>

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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>First</small>	<small>Last</small>	<small>Middle (optional)</small>	<small>Suffix</small>

What is the agent's USAC ID number?

What is the agent's date of birth?

<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Month</small>	<small>Day</small>	<small>Year</small>

Lifeline Program Application Form



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 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.

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 we have published in 82 Fed. Reg. 38686 (Aug. 15, 2017).

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 benefit.
- 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.

Lifeline Program Household Worksheet



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

Middle (optional)

Suffix (optional)

Last

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 Code

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.

Yes

If yes, answer question 2

No

You can apply for Lifeline. You live in a household that does not get Lifeline yet. Please **initial** line **B** on page 3, **and sign** and date the worksheet.

Check this box

2. Do they get Lifeline?

Yes

If yes, answer question 3

No

3. Do you share money (income and expenses) with them?

This can be the cost of bills, food, etc., and income. If you are married, you should check yes for this question.

Yes

No

You do not qualify for Lifeline because someone in your household already gets the benefit. You are only allowed to get one Lifeline discount per household, not per person.

Check this box

You can apply for Lifeline. You live at an address with more than one household and your household does not get Lifeline yet. Please **initial** lines **A** and **B** on page 3, **and sign** and date the worksheet.

Check this box

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.

Initial

A I live at an address with more than one household.

Initial

B I understand that the one-per-household limit is a Federal Communications Commission (FCC) rule and I will lose my Lifeline benefit if I break this rule.

Signature

Today's Date

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.

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.

We have estimated that each response to this collection of information will take, on average, 0.25 hours. Our estimate includes the time to read and complete the form 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 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.

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 we have published in 82 Fed. Reg. 38686 (Aug. 15, 2017).

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 Annual Recertification 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 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.

Recertify

To recertify for a Lifeline benefit, fill out every section of this form, initial every agreement statement, and sign the last page.

To recertify, bring or mail this form to your phone or internet company.

Lifeline Program Annual Recertification Form



2. 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. Not a nickname.

--	--	--	--

First

--	--

Middle (optional) Suffix (optional)

--

Last

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)? [] [] [] []

If you do not have a SSN, what is your Tribal Identification Number?

--

What is the best way to reach you?

email
 phone
 text message
 mail

Lifeline Program Annual Recertification Form



2. 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 Commission 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 service. 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 out if it is not the same as your home address.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street Number and Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Apt., Unit, etc. City

--	--	--	--	--	--	--	--

State Zip Code

Lifeline Program Annual Recertification Form



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
<input type="checkbox"/> 1	\$16,389	\$20,493	\$18,846	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2	\$22,221	\$27,783	\$25,555.50	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3	\$28,053	\$35,073	\$32,265	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4	\$33,885	\$42,363	\$38,974.50	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5	\$39,717	\$49,653	\$45,684	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 6	\$45,549	\$56,943	\$52,393.50	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7	\$51,381	\$64,233	\$59,103	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 8	\$57,213	\$71,523	\$65,812.50	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> If more than 8, add this amount for each extra person:	Add \$5,832	Add \$7,290	Add \$6,709.50	<input type="checkbox"/>	<input type="checkbox"/>

135% of the 2018 Federal Poverty Guidelines
*The Federal Poverty Guidelines are typically updated at the end of January.

Lifeline Program Annual Recertification Form



4. Agreement

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

You must initial next to each statement.

Initial 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:

- 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).

Initial 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 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.

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

Signature	Today's Date
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Lifeline Program Annual Recertification Form



Notice

PAPERWORK REDUCTION ACT NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to recertify their eligibility to receive Lifeline services annually. 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 continued 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-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.

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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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