

# Lifeline Program Application Form



Universal Service  
Administrative Co.

## 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](http://LifelineSupport.org) for fastest processing.

Mail the form to this address:

**USAC**  
**Lifeline Support Center**  
**PO Box 1000**  
**Horseheads, NY 14845**

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## 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 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?

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**Check if you are applying as a Survivor of Domestic Violence under the SCA (Safe Connections Act)\*:**

**What is the best way to reach you?**

email     
  phone\*     
  text message\*     
  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.





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## 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](http://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)

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? <small>(only check yes or no next to your household size)</small>				
	All 48 States, DC, and Territories <small>(not Alaska and Hawaii)</small>	Alaska	Hawaii		
<input type="checkbox"/> 1	\$21,128	\$26,393	\$24,287	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 2	\$28,553	\$35,681	\$32,832	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 3	\$35,978	\$44,969	\$41,378	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 4	\$43,403	\$54,257	\$49,923	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 5	\$50,828	\$63,545	\$58,469	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 6	\$58,253	\$72,833	\$67,014	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 7	\$65,678	\$82,121	\$75,560	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 8	\$73,103	\$91,409	\$84,105	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> If more than 8, add this amount for each extra person:	Add \$7,425	Add \$9,288	Add \$8,546	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**135% of the 2025 Federal Poverty Guidelines**  
\*The Federal Poverty Guidelines are typically updated at the end of January.

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## 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.

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:  
Initial

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

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

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

*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 section 2 of this form.  
Initial

<b>Signature</b>	<b>Today's Date</b>

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## 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

**Or**

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? <small>(only check yes or no next to your household size)</small>				
	All 48 States, DC, and Territories <small>(not Alaska and Hawaii)</small>	Alaska	Hawaii		
<input type="checkbox"/> 1	\$31,300	\$39,100	\$35,980	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 2	\$42,300	\$52,860	\$48,640	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 3	\$53,300	\$66,620	\$61,300	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 4	\$64,300	\$80,380	\$73,960	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 5	\$75,300	\$94,140	\$86,620	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 6	\$86,300	\$107,900	\$99,280	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 7	\$97,300	\$121,660	\$111,940	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 8	\$108,300	\$135,420	\$124,600	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> If more than 8, add this amount for each extra person:	Add \$11,000	Add \$13,760	Add \$12,660	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**200% of the 2025 Federal Poverty Guidelines**  
\*The Federal Poverty Guidelines are typically updated at the end of January.

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.  
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).  
Initial

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.  
Initial

