



Postuler au programme Lifeline en ligne

Lifeline est un programme fédéral qui réduit le coût mensuel du service téléphonique ou Internet.

Si votre foyer est admissible, vous pouvez recevoir :

- Jusqu'à 9,25 \$/mois sur votre téléphone, Internet ou service groupé, ou
- Jusqu'à 34,25 \$/mois si vous vivez dans une réserve indienne éligible.

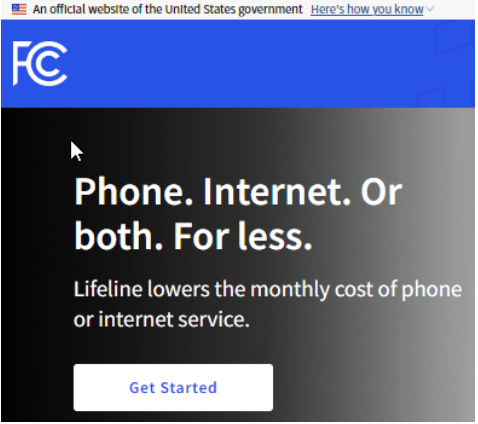
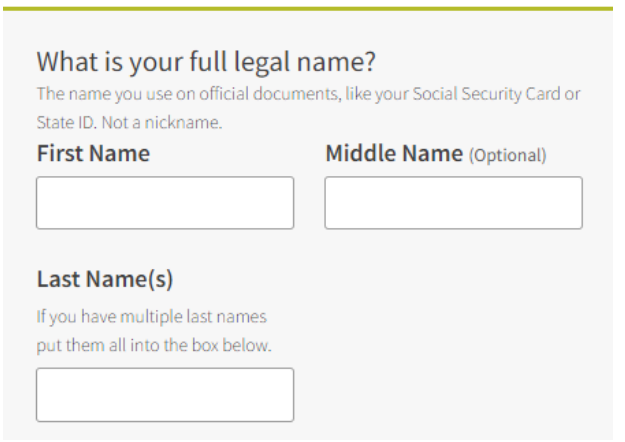
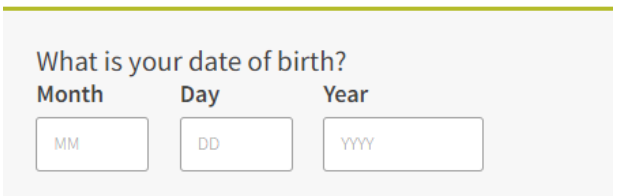
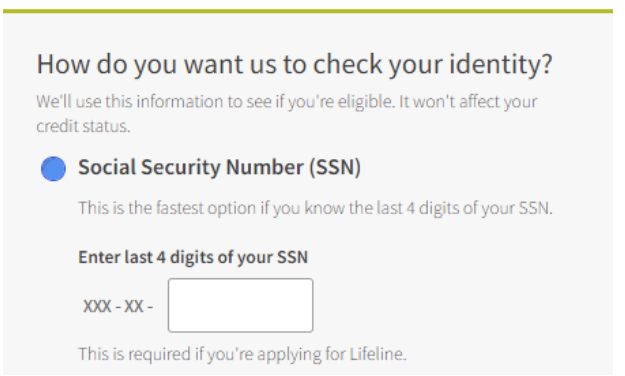
Que faire ensuite

Procédez comme suit pour postuler au programme Lifeline en ligne. Le dépôt de votre candidature dure généralement environ 10 minutes. Vous devrez peut-être fournir des renseignements ou des documents supplémentaires pour confirmer votre éligibilité, votre identité ou l'adresse de votre domicile.

Si vous avez des questions pendant le processus de candidature, contactez le centre d'assistance Lifeline à l'adresse LifelineSupport@usac.org ou appelez le (800) 234-9473 de 09h00 à 21h00. ET.

	Suivez ces étapes pour postuler en ligne	À quoi ressemblent les étapes
1	<p>Appuyez ou cliquez sur le navigateur Web de votre appareil mobile ou de votre ordinateur de bureau.</p> <ul style="list-style-type: none">• Saisissez LifelineSupport.org dans la barre d'adresse Web, puis appuyez sur le bouton d'accès/de recherche de votre appareil mobile ou sur la touche Entrée de votre clavier.• Ensuite, appuyez ou cliquez sur Apply Now (Postuler).	



2	Appuyez ou cliquez sur Get Started (Démarrer) pour commencer à déposer votre candidature.	 <p>An official website of the United States government Here's how you know</p> <p>FC</p> <p>Phone. Internet. Or both. For less.</p> <p>Lifeline lowers the monthly cost of phone or internet service.</p> <p>Get Started</p>
3	Remplissez votre prénom et votre nom tels qu'ils apparaissent sur vos documents officiels, comme une carte de sécurité sociale ou une carte d'identité d'État.	 <p>What is your full legal name? The name you use on official documents, like your Social Security Card or State ID. Not a nickname.</p> <p>First Name <input type="text"/></p> <p>Middle Name (Optional) <input type="text"/></p> <p>Last Name(s) If you have multiple last names put them all into the box below. <input type="text"/></p>
4	Indiquez votre date de naissance. <ul style="list-style-type: none">• Entrez le mois.• Saisissez le jour.• Entrez l'année.	 <p>What is your date of birth?</p> <p>Month <input type="text"/> Day <input type="text"/> Year <input type="text"/></p> <p>MM DD YYYY</p>
5	Souhaitez-vous que nous vérifiions votre identité avec les quatre derniers chiffres de votre numéro de sécurité sociale ? <ul style="list-style-type: none">• Si oui, entrez les quatre derniers chiffres de votre numéro de sécurité sociale.• Si ce n'est pas le cas, sélectionnez l'option Number (Numéro) sur Tribal ID (Identification tribale) et saisissez votre numéro d'identification tribale.	 <p>How do you want us to check your identity? We'll use this information to see if you're eligible. It won't affect your credit status.</p> <p><input checked="" type="radio"/> Social Security Number (SSN) This is the fastest option if you know the last 4 digits of your SSN.</p> <p>Enter last 4 digits of your SSN XXX - XX - <input type="text"/></p> <p>This is required if you're applying for Lifeline.</p>



		<p><input type="radio"/> Number on Tribal ID</p> <p>Look for this number on your card or documentation.</p>
6	<p>Indiquez l'adresse de votre domicile.</p> <ul style="list-style-type: none">Ceci ne peut pas être une boîte postale.	<p>What is your home address?</p> <p>The address where you will get service. Do not use a P.O. Box. You will be able to add a mailing address later.</p> <p>Street Number and Name Apt, Unit, etc.</p> <p><input type="text" value="123 Street Road"/> <input type="text"/></p> <p>City State Zip Code</p> <p><input type="text" value="Your City or Town"/> <input type="text" value="Choose"/> <input type="text" value="00000"/></p>
7	<p>Êtes-vous admissible à Lifeline par l'intermédiaire d'un enfant ou d'une personne à charge ?</p> <ul style="list-style-type: none">Si non, appuyez ou cliquez sur Suivant.<ul style="list-style-type: none">Rendez-vous à l'étape 8 pour continuer.Si oui, appuyez ou cliquez sur Oui, puis sélectionnez Suivant.<ul style="list-style-type: none">Rendez-vous à l'étape 7a si vous êtes éligible grâce à un enfant ou une personne à charge.	<p>Do you qualify for Lifeline or the Affordable Connectivity Benefit through your child or a dependent?</p> <p>If you do not qualify on your own, you can sign up for Lifeline or the Affordable Connectivity Benefit through your child or dependent if they participate in any of the qualifying programs.</p> <p><input checked="" type="radio"/> No, I qualify by myself.</p> <p><input type="radio"/> Yes, I qualify through my child or dependent.</p> <p style="text-align: right;">Next</p>
7a	<p>Indiquez les informations concernant votre enfant ou personne à charge.</p> <p>Vous devrez :</p> <ul style="list-style-type: none">Indiquer son prénom et son nom..Indiquer sa date de naissance.Vérifiez leur identité en utilisant les quatre derniers chiffres de leur numéro de sécurité sociale ou un numéro d'identification tribal.	<p>What is their full legal name?</p> <p>The name you use on official documents, like your Social Security Card or State ID. Not a nickname.</p> <p>First Name Middle Name (Optional)</p> <p><input type="text"/> <input type="text"/></p> <p>Last Name(s)</p> <p>If they have multiple last names put them all into the box below.</p> <p><input type="text"/></p>



	<ul style="list-style-type: none">• Appuyez ou cliquez sur Next (Suivant).<ul style="list-style-type: none">○ Rendez-vous à l'étape 8 pour continuer.	<p>What is their date of birth?</p> <p>Month Day Year</p> <p><input type="text" value="MM"/> <input type="text" value="DD"/> <input type="text" value="YYYY"/></p> <hr/> <p>How do you want us to check their identity?</p> <p>We'll use this information to see if they're eligible. It won't affect their credit status.</p> <p><input checked="" type="radio"/> Social Security Number (SSN)</p> <p>This is the fastest option if you know the last 4 digits of their SSN.</p> <p>Enter last 4 digits of their SSN</p> <p>XXX - XX - <input type="text"/></p> <hr/> <p><input type="radio"/> Number on Tribal ID</p> <p>Look for this number on their card or documentation.</p> <p><input type="button" value="Back"/> <input type="button" value="Next"/></p>
8	<p>Créez un compte pour enregistrer vos informations et poursuivre votre candidature.</p> <ul style="list-style-type: none">• Entrez un nom d'utilisateur. Il peut s'agir d'une adresse e-mail ou d'un identifiant unique.• Saisissez un mot de passe composé d'un mélange de lettres, de chiffres et de symboles.• Tapez à nouveau le même mot de passe.	<p>Choose your username.</p> <p>Choose something you can easily remember like your email address or your name in some form. Save this information somewhere secure because you will need to use it again.</p> <p>Username</p> <p><input type="text"/></p> <hr/> <p>Choose your password.</p> <p>Make sure it is something you can remember. Save this information somewhere secure because you will need to use it again.</p> <p>Password Requirements</p> <ul style="list-style-type: none">① At least 8 characters long① At least 1 capital letter① At least 1 number (0-9)① At least 1 special character (!@#\$%^&*)① No restricted phrases ? <p>Password</p> <p><input type="text"/></p> <p><input type="checkbox"/> Show Password</p> <p>Confirm Password</p> <p>Type the same password again.</p> <p><input type="text"/></p> <p><input type="checkbox"/> Show Password</p>



9	<p>Remplissez vos coordonnées.</p> <ul style="list-style-type: none">• Entrez votre adresse email.<ul style="list-style-type: none">○ Les notifications concernant votre candidature seront envoyées à l'adresse e-mail que vous partagez.• Entrez votre numéro de téléphone (facultatif).• Appuyez ou cliquez sur la case à cocher pour saisir une adresse postale si elle est différente de votre adresse personnelle.<ul style="list-style-type: none">○ Cela peut être une boîte postale.	<p>Your Contact Information</p> <p>What is your email address? We will use your email to send you important reminders and information about your application and enrollment.</p> <input type="text" value="example@email.com"/> <input type="checkbox"/> I want to provide an alternate email. <hr/> <p>What is your phone number? (Optional)</p> <input type="text" value="() -"/> <p>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 or ACP benefit. For text messages, message and data rates may apply. Text STOP to end messages.</p> <hr/> <p>Do you want to provide a mailing address?</p> <input type="checkbox"/> Yes, my mailing address is different than home address
10	<p>Dites-nous votre langue préférée (facultatif).</p> <ul style="list-style-type: none">• Appuyez ou cliquez sur English (Anglais), Spanish (Espagnol) ou Both (Les deux).	<p>What is your preferred language? (Optional)</p> <p>We will send outreach to you about your Lifeline or ACP benefit in the language(s) you select. You may select more than one language.</p> <p><input type="radio"/> English <input type="radio"/> Español <input type="radio"/> Both</p>
11	<p>Consultez les conditions générales.</p> <ul style="list-style-type: none">• Appuyez ou cliquez sur la case à cocher pour confirmer que vous acceptez.• Appuyez ou cliquez sur Submit (Envoyer).	<p>Terms & Conditions</p> <p><input type="checkbox"/> By checking this box, I accept the terms and conditions of the National Verifier system.</p> <p><input type="button" value="Back"/> <input type="button" value="Submit"/></p>
12	<p>Appuyez ou cliquez sur Start Lifeline Application (Commencer la candidature à Lifeline) pour poursuivre le dépôt de votre candidature.</p>	<p>My Applications</p> <p>Here are all your applications from the last 180 days. You can start a new application when your last one expires.</p> <p><input type="button" value="Return to Application"/> <input type="button" value="Start Lifeline Application"/></p>



13	<p>Indiquez-nous comment vous êtes éligible.</p> <ul style="list-style-type: none">• Appuyez ou cliquez sur la case à cocher correspondant à tous les éléments appropriés.• Appuyez ou cliquez sur Next (Suivant).	<h2>Confirm your program participation</h2> <p>Which of the following programs do you participate in?</p> <p>Check all that apply.</p> <ul style="list-style-type: none"><input type="checkbox"/> SNAP (Supplemental Nutrition Assistance Program) or Food Stamps ?<input type="checkbox"/> Medicaid<input type="checkbox"/> Supplemental Security Income (SSI)<input type="checkbox"/> Federal Housing Assistance ?<input type="checkbox"/> Veterans Pension and Survivors Benefit Programs<input type="checkbox"/> Tribal Specific Program (only choose if you live on Tribal lands)<input type="checkbox"/> I don't think I participate in any of these programs, I may qualify through my income.<input type="checkbox"/> I don't participate in any of these, but I have a child or dependent who may. ? <p>Back Next</p>
14	<p>Vérifiez vos informations.</p> <ul style="list-style-type: none">• Si vous devez corriger vos informations, appuyez ou cliquez sur Modifier et effectuez les mises à jour nécessaires.• Consultez la déclaration de consentement et appuyez ou cliquez sur la case à cocher pour confirmer que nous pouvons utiliser vos informations pour vérifier si vous êtes éligible.• Appuyez ou cliquez sur Soumettre.<ul style="list-style-type: none">○ La vérification de vos informations peut prendre quelques minutes.	<h2>Review Your Information</h2> <p>Before we check if you qualify for Lifeline, make sure your information is right.</p> <p>Double check the information below.</p> <div data-bbox="927 1104 1487 1283"><p>Full Legal Name: Test John Edit</p><p>Date of Birth: January 01, 1980</p><p>Last 4 Numbers of SSN: 3333</p><p>Address: 123 NOT REAL ROAD TOWN, DC 11111</p></div> <p>The information you gave us will be used to check if you qualify for Lifeline. Please confirm that it is okay.</p> <p><input type="checkbox"/> By checking this box you are consenting that all of the information you are providing may be collected, used, shared, and retained for the purposes of applying for and/or receiving Lifeline.</p> <p>Back Submit</p>



<p>15</p>	<p>Vous saurez tout de suite si vous êtes éligible à une prestation ou si nous avons besoin de plus d'informations.</p> <p>Avons-nous demandé que vous partagiez plus d'informations ?</p> <ul style="list-style-type: none">• Le cas échéant, appuyez ou cliquez sur Next (Suivant) et accédez à la section Show You Qualify (Montrer que vous êtes éligible).• Dans le cas contraire, appuyez ou cliquez sur Next (Suivant) et passez à l'étape 16.	<p>We need more information to see if you qualify</p> <hr/> <p>A few things happened:</p> <ul style="list-style-type: none">• We couldn't find your address; please show us where you live on a map.• Someone at your address already gets the Lifeline benefit; please answer some questions about your living situation to find out if you're eligible.• We couldn't verify who you are; please attach a photo of a document that shows your identity information.• We couldn't confirm your eligibility; please attach a photo of a document that shows you (or your child or dependent) participate in a government assistance program or your income. <p>What to do next</p> <p>You need to provide additional information in order to qualify for the Lifeline program.</p> <p>Next</p>
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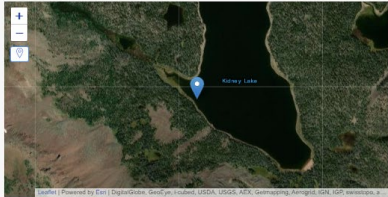
<p>16</p>	<p>Lisez chaque déclaration et saisissez vos initiales.</p>	<p>I agree, under penalty of perjury, to the following statements:</p> <p>Initial <input type="checkbox"/> I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form 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).</p> <p>Initial <input type="checkbox"/> I agree that if I move I will give my service provider my new address within 30 days.</p> <p>Initial <input type="checkbox"/> I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:</p> <ol style="list-style-type: none">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). <p>Initial <input type="checkbox"/> 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. ?</p> <p>Initial <input type="checkbox"/> 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.</p> <p>Initial <input type="checkbox"/> All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.</p> <p>Initial <input type="checkbox"/> 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.</p> <p>Initial <input type="checkbox"/> My service provider may have to check whether I still qualify at any time. If I need to recertify 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.</p> <p>Initial <input type="checkbox"/> If I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, I live on Tribal lands, as defined in 54.400(e) of the Lifeline rules. ?</p>
<p>17</p>	<p>Terminez votre candidature.</p> <ul style="list-style-type: none">• Entrez votre prénom et nom.• Appuyez ou cliquez sur la case à cocher pour confirmer que vous comprenez qu'il s'agit d'une signature numérique.• Appuyez sur ou cliquez sur Envoyer.	<p>Your Signature</p> <p>Type your full legal name below</p> <p>Test John</p> <p><input type="text"/></p> <p><input type="checkbox"/> I understand this is a digital signature, and is the same as if I signed my name with a pen.</p> <p>Back Submit</p>



18	<p>Votre candidature est approuvée !</p> <ul style="list-style-type: none">• Contactez un fournisseur de téléphone ou d'Internet participant pour obtenir votre avantage.• Inscrivez-vous avant la date limite ou vous devrez présenter une nouvelle demande.	<h2>Contact a phone or internet company to get your benefit</h2> <p>You're approved to get your Lifeline benefit. Sign up by November 6, 2024.</p> <div data-bbox="943 489 1474 726"><p>What to do next</p><p>If you already have service</p><p>Contact your phone or internet company and say, "I have been approved for the Lifeline program and would like to apply it to my service."</p><p>If you don't currently have service</p><p>Find a phone or internet company in your area and say, "I have been approved for the Lifeline program and would like to sign up for service."</p></div> <div data-bbox="1034 758 1382 1024"><p>Application ID: Q90774-69740</p><p>Full legal name Test John</p><p>Address: 123 Not Real Road, Town, DC 11111</p><p>Method of identity verification: Last 4 digits of SSN</p></div>
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Show you qualify (Montrer que vous êtes éligible)

Cette section indique ce que vous devrez faire si nous vous demandons de partager plus d'informations ou de documents pour confirmer votre éligibilité, votre identité ou votre adresse. Pour plus d'informations, examinez notre guide des documents acceptés (disponible en [anglais](#) et en [espagnol](#)).

Que faire si vous devez nous présenter	À quoi ressemblent les étapes
<p>Preuve de votre adresse</p> <p>Vous serez peut-être invité à confirmer votre adresse en localisant sur la carte l'endroit où vous habitez.</p> <p>Montrez-nous où vous vivez.</p> <ul style="list-style-type: none"> Appuyez ou cliquez sur la carte pour déplacer l'épingle sur votre adresse ou utilisez le bouton (+) pour effectuer un zoom avant. Une fois que vous avez trouvé votre adresse sur la carte, appuyez ou cliquez sur l'épingle. Appuyez ou cliquez sur Next (Suivant). 	<p>Find your address on the map below</p> <p>We couldn't find your address, please show us where you live on the map.</p> <p>Your address 123 NOT REAL ROAD TOWN, DC 11111</p> <p>How to find your address on the map</p> <p>To show us where you live, click on the map to move the pin to your address. The pin will automatically fill in the longitude and latitude coordinates of your address.</p>   <p>Latitude <input type="text"/></p> <p>Longitude <input type="text"/></p> <p>Back Next</p>

Preuve de votre foyer

Il vous sera peut-être demandé de confirmer si votre foyer est admissible à la prestation Lifeline.

Une seule prestation mensuelle est autorisée par foyer. Un ménage est un groupe de personnes qui vivent ensemble et partagent de l'argent, même si elles ne sont pas apparentées entre elles.

- Répondez aux questions.
- Appuyez ou cliquez sur **Next (Suivant)**.

Someone at Your Address Already Gets Lifeline or the Affordable Connectivity Benefit

We need more information to determine whether you qualify for Lifeline or the Affordable Connectivity Benefit.

Do you share money (income and expenses) with another adult who gets Lifeline or the Affordable Connectivity Benefit?

This can be the cost of bills, food, etc., and income. If your spouse receives Lifeline or the Affordable Connectivity Benefit, please answer "Yes" to this question.

Yes No

Note: Select "no" if you do not share money (income and expenses) with another adult who already participates in the program(s) you are applying for. (Example: if you are only seeking to receive the Affordable Connectivity Benefit, and you are sharing income/expenses with another adult who already receives Lifeline, select "no.")

You will have until 9/21/2024 to complete this section so we can determine whether you qualify for Lifeline or the Affordable Connectivity Benefit. If you do not complete this by then, you will need to come back to this site and fill this form out again.

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Preuve de votre numéro de sécurité sociale

Il se peut qu'on vous demande de partager un document pour confirmer votre numéro de sécurité sociale.

- Partagez un document qui comprend :
 1. Vos nom et prénom,
 2. Les quatre derniers chiffres de votre numéro de sécurité sociale.
- Appuyez ou cliquez sur **Take a photo (Prendre une photo)** ou **Choose a file (Choisir un fichier)** pour joindre une photo ou une copie du document.
- Appuyez sur ou cliquez sur **Suivant**.

Share proof of your Social Security number (SSN)

Your document must include:

- Your first and last name:
Test John
- The last four digits of your Social Security number:
xxx-xx-3333

Here are common examples:

- A Social Security Card
- A Social Security Benefit Statement (SSA-1099)
- A W-2 from the last 2 years
- A prior year's state, federal, or Tribal tax return

How to add your photo or scanned copy

Please attach a picture or scanned copy of your document. Files must be less than 10 MB and one of the following file types: jpg, jpeg, png, pdf, or gif.

- Make sure your image is not blurry
- Make sure your document is not cut off and we can see all four sides
- Make sure you have good lighting

[Choose a file](#)

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Preuve de votre numéro d'identification tribale

Nous pouvons vous demander de transmettre un document confirmant votre numéro d'identification tribale.

- Partagez un document qui comprend :
 1. Votre nom et prénom,
 2. Votre numéro d'identification tribale.
- Appuyez ou cliquez sur **Take a photo (Prendre une photo)** ou **Choose a file (Choisir un fichier)** pour joindre une photo ou une copie du document.
- Appuyez sur ou cliquez sur **Suivant**.

Share proof of your Tribal ID Number

Your document must include:

- Your first and last name:
Test John
- Your Tribal ID Number:
333333

Here are common examples:

- A Tribal ID card
- An official certificate or letter from your tribe's enrollment office
- A Certificate of Degree of Indian Blood (CDIB)

Common mistakes:

- Some CDIB cards do not include the required information. If yours does not, then it will not be accepted.

How to add your photo or scanned copy

Please attach a picture or scanned copy of your document. Files must be less than 10 MB and one of the following file types: jpg, jpeg, png, pdf, or gif.

- Make sure your image is not blurry
- Make sure your document is not cut off and we can see all four sides
- Make sure you have good lighting

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Preuve de votre date de naissance

Il se peut qu'on vous demande de partager un document pour confirmer votre date de naissance.

- Partagez un document qui comprend :
 1. Votre nom et prénom,
 2. Votre date de naissance.
- Appuyez ou cliquez sur **Take a photo (Prendre une photo)** ou **Choose a file (Choisir un fichier)** pour joindre une photo ou une copie du document.
- Appuyez sur ou cliquez sur **Suivant**.

Share proof of your date of birth

Your document must include:

- Your first and last name:
Test John
- Your date of birth:
1/01/1980

Here are common examples:

- A Driver's license that is not expired
- A Passport that is not expired
- A birth certificate
- A U.S. government, military, state or Tribal issued ID that includes your date of birth and is not expired
- A Certificate of Naturalization, Certificate of U.S. Citizenship, or Consular Matricular ID

How to add your photo or scanned copy

Please attach a picture or scanned copy of your document. Files must be less than 10 MB and one of the following file types: jpg, jpeg, png, pdf, or gif.

- Make sure your image is not blurry
- Make sure your document is not cut off and we can see all four sides
- Make sure you have good lighting

Choose a file

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Preuve que vous êtes en vie

Il se peut qu'on vous demande de partager un document pour confirmer que vous êtes en vie.

- Partagez un document qui comprend :
 1. Votre nom et prénom,
 2. Une date d'émission dans les trois derniers mois.
- Appuyez ou cliquez sur **Take a photo (Prendre une photo)** ou **Choose a file (Choisir un fichier)** pour joindre une photo ou une copie du document.
- Appuyez sur ou cliquez sur **Suivant**.

Share proof of life

Your document must include:

- Your first and last name:
Test John
- An issue date within the last three months

Here are common examples:

- A current utility bill
- A paystub
- A mortgage or lease statement
- A retirement or pension statement of benefits
- A notarized letter that confirms your identity and that you are alive

How to add your photo or scanned copy

Please attach a picture or scanned copy of your document. Files must be less than 10 MB and one of the following file types: jpg, jpeg, png, pdf, or gif.

- Make sure your image is not blurry
- Make sure your document is not cut off and we can see all four sides
- Make sure you have good lighting

Choose file

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Preuve de votre éligibilité

Il se peut qu'on vous demande de partager des documents confirmant votre admissibilité (comme votre revenu ou votre participation à un programme gouvernemental).

- Choisissez comment vous êtes éligible.
- Appuyez ou cliquez sur **Next (Suivant)**.

Share more information to see if you qualify

With your help, we can confirm you qualify in a few more steps.

Do you have a document that shows your income?

- Yes. I have a document such as pay stubs, last year's tax return, or a social security statement.
- No. But I have a document that shows I (or my child or dependent) participate in a program such as SNAP or Medicaid.

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Preuve de vos revenus

Pour présenter **une preuve de vos revenus**, vous devez :

- Dites-nous combien de personnes vivent dans votre foyer.
- Confirmez si votre revenu annuel est égal ou inférieur au montant indiqué.
- Partagez un document qui comprend :
 1. Votre nom ou celui de la personne à votre charge,
 2. Votre revenu annuel,
 3. Une date d'émission dans les 12 derniers mois.

Share more information to see if you qualify based on income

You may qualify if your annual income meets certain requirements.

How many people live in your household? ⓘ

Number of people in my household:

1

Is your annual income at or below \$20,331? ⓘ

- Yes
- No. But I have a document that shows I (or my child or dependent) participate in a program such as SNAP or Medicaid.

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Preuve de votre participation au programme

Pour présenter **une preuve de votre participation au programme**, vous devez :

- Dites-nous à quel programme vous participez.
- Partagez un document qui comprend :
 1. Votre nom ou celui de la personne à votre charge,
 2. Le nom du programme,
 3. Le nom du gouvernement, de l'entité tribale ou de l'administrateur du programme qui a délivré le document,
 4. Une date d'émission dans les 12 derniers mois ou une date d'expiration dans le futur.

Share proof of your program participation

Which program do you, your child or dependent take part in?

You must provide proof of participation for the program you choose.

- SNAP (Supplemental Nutrition Assistance Program) or Food Stamps [?](#)
- Medicaid
- Supplemental Security Income (SSI)
- Federal Housing Assistance [?](#)
- Veterans Pension and Survivors Benefit Programs
- Tribal Specific Program (only choose if you live on Tribal lands)
- I don't think I (or my child or dependent) participate in any of these programs, but I may qualify through my **income**.

You will have until 9/22/2024 to provide more documents so we can determine whether you qualify for Lifeline. If we don't receive this information by then, you will need to come back to this site and fill this form out again.

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L'étape finale consiste à certifier et à signer le formulaire de candidature.

- Lisez chaque déclaration et inscrivez vos initiales.
- Saisissez vos nom et prénom.
- Appuyez ou cliquez sur la case à cocher pour confirmer que vous comprenez qu'il s'agit d'une signature numérique.
- Appuyez ou cliquez sur **Submit (Envoyer)**.

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

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 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.

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 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 If I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, I live on Tribal lands, as defined in 54.400(e) of the Lifeline rules. [?](#)

Your Signature

Type your full legal name below

Test, John

I understand this is a digital signature, and is the same as if I signed my name with a pen.

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[Submit](#)

Vous avez envoyé votre candidature !

Nous vous enverrons un e-mail lorsque notre examen sera terminé avec des instructions sur la marche à suivre.

We are reviewing your documents

It generally takes about 15 minutes, but could be up to 2 days.

We'll email you when our review is complete. You can check the status of your application at any time on your [account homepage](#).