

### 온라인으로 라이프라인 프로그램 신청하기

라이프라인은 전화나 인터넷 서비스의 월 비용을 낮추는 연방 프로그램입니다.

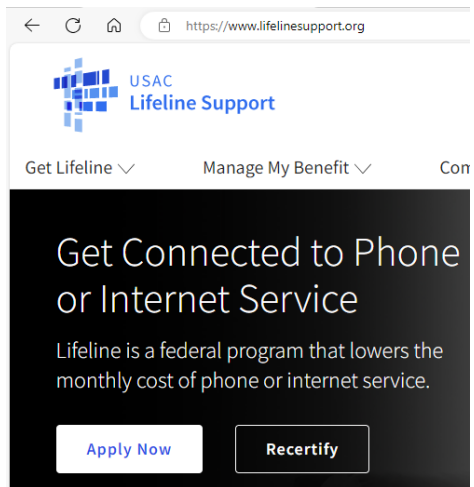
귀하의 가구가 자격을 갖춘 경우 다음을 받으실 수 있습니다.

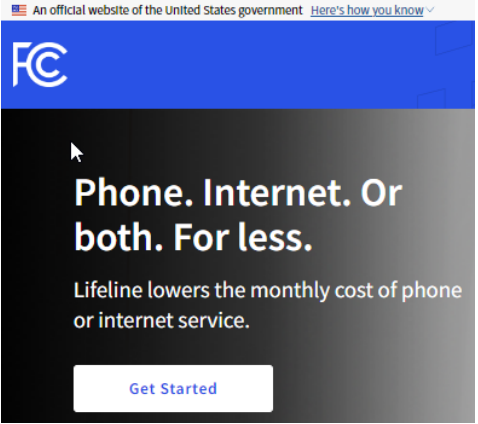
- 전화, 인터넷 또는 번들 서비스 이용 시 최대 월 9.25달러 또는
- 지원 대상 원주민 토지에 거주하는 경우 최대 월 34.25달러.

### 다음에 무엇을 할 것인가

온라인으로 라이프라인 신청서를 제출하려면 아래 단계를 따르세요. 일반적으로 완료하는 데 약 10분이 걸립니다. 자격 여부, 신원 또는 집 주소를 확인하기 위해 추가 정보나 문서를 제공해야 할 수 있습니다.

신청하는 동안 궁금한 사항이 있는 경우 동부 표준시 기준 오전 9시부터 오후 9시까지 이메일([LifelineSupport@usac.org](mailto:LifelineSupport@usac.org)) 또는 전화((800) 234-9473)로 라이프라인 지원 센터로 문의하시기 바랍니다.

	온라인으로 신청하려면 다음 단계를 따르세요.	수행할 단계
1	<p>모바일 기기나 데스크톱 컴퓨터에서 웹 브라우저를 탭하거나 클릭하세요.</p> <ul style="list-style-type: none"> <li>• 웹 주소 표시줄에 <a href="https://www.lifelinesupport.org">LifelineSupport.org</a>를 입력하고 모바일 기기의 <b>Go/Search</b>(이동/검색) 또는 키보드의 <b>Enter</b> 키를 탭하세요.</li> <li>• 그리고 <b>Apply Now</b>(지금 신청)를 탭하거나 클릭하세요.</li> </ul>	

2	<p><b>시작하기</b> 를 탭하거나 클릭하여 신청을 시작하세요.</p>	
3	<p>사회보장카드 또는 주 정부 ID와 같은 공식 문서에 표시된 대로 성과 이름을 입력하세요.</p>	<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><b>First Name</b> <input type="text"/></p> <p><b>Middle Name (Optional)</b> <input type="text"/></p> <p><b>Last Name(s)</b> If you have multiple last names put them all into the box below. <input type="text"/></p>
4	<p>생년월일을 입력합니다.</p> <ul style="list-style-type: none"> <li>• 월을 입력하세요.</li> <li>• 일을 입력하세요.</li> <li>• 연도를 입력하세요.</li> </ul>	<p>What is your date of birth?</p> <p><b>Month</b> <input type="text" value="MM"/> <b>Day</b> <input type="text" value="DD"/> <b>Year</b> <input type="text" value="YYYY"/></p>
5	<p>사회 보장 번호의 마지막 네 자리로 신원을 확인하시겠습니까?</p> <ul style="list-style-type: none"> <li>• 그렇다면 사회보장번호의 마지막 네 자리를 입력하세요.</li> <li>• 아니요인 경우, 원주민 ID 번호 옵션을 선택하고 원주민 식별</li> </ul>	<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"/> <b>Social Security Number (SSN)</b> 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>

# 온라인 신청 지침

## 라이프라인 프로그램

	<p>번호를 입력하세요.</p>	<p><input type="radio"/> <b>Number on Tribal ID</b></p> <p>Look for this number on your card or documentation.</p>
<p>6</p>	<p>집 주소를 입력하세요.</p> <ul style="list-style-type: none"> <li>사서함이어서는 <b>안</b> 됩니다.</li> </ul>	<p><b>What is your home address?</b></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><b>Street Number and Name</b> <span style="float: right;"><b>Apt, Unit, etc.</b></span></p> <p><input type="text" value="123 Street Road"/> <input type="text"/></p> <p><b>City</b> <span style="margin-left: 150px;"><b>State</b></span> <span style="float: right;"><b>Zip Code</b></span></p> <p><input type="text" value="Your City or Town"/> <input type="text" value="Choose"/> <input type="text" value="00000"/></p>
<p>7</p>	<p>자녀나 부양가족을 통해 라이프라인 혜택을 받을 자격이 있습니까?</p> <ul style="list-style-type: none"> <li>아니요인 경우, <b>Next</b>(다음)를 탭하거나 클릭하세요.             <ul style="list-style-type: none"> <li>계속하려면 <a href="#">8단계</a>로 이동합니다.</li> </ul> </li> <li>예인 경우, <b>Yes</b>(예)를 탭하거나 클릭한 후 <b>Next</b>(다음)를 선택하세요.             <ul style="list-style-type: none"> <li>자녀나 부양가족을 통해 자격을 갖춘 경우 <a href="#">7a 단계</a>로 이동하세요.</li> </ul> </li> </ul>	<p><b>Do you qualify for Lifeline or the <a href="#">Affordable Connectivity Benefit</a> through your child or a dependent?</b></p> <p>If you do not qualify on your own, you can sign up for Lifeline or the <a href="#">Affordable Connectivity Benefit</a> 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;"><a href="#">Next</a></p>

# 온라인 신청 지침

## 라이프라인 프로그램


<p>7a</p> <p>자녀 또는 피부양자의 정보를 입력하세요.</p> <p>다음은 수행해야 합니다.</p> <ul style="list-style-type: none"> <li>• 성과 이름을 입력하세요.</li> <li>• 생년월일을 입력하세요.</li> <li>• 사회보장번호의 마지막 4자리 또는 부족 ID 번호를 사용하여 신원을 확인하세요.</li> <li>• <b>Next(다음)</b>를 탭하거나 클릭하세요.             <ul style="list-style-type: none"> <li>○ 계속하려면 <a href="#">8단계</a>로 이동합니다.</li> </ul> </li> </ul>	<div style="border: 1px solid #ccc; padding: 10px;"> <p><b>What is their full legal name?</b> <small>The name you use on official documents, like your Social Security Card or State ID. Not a nickname.</small></p> <p><b>First Name</b> <span style="float: right;"><b>Middle Name (Optional)</b></span></p> <p><input style="width: 150px;" type="text"/> <input style="width: 150px;"/></p> <p><b>Last Name(s)</b> <small>If they have multiple last names put them all into the box below.</small></p> <p><input style="width: 150px;"/></p> <hr/> <p><b>What is their date of birth?</b></p> <p><b>Month</b> <b>Day</b> <b>Year</b></p> <p><input style="width: 50px; text-align: center; border: 1px solid #ccc; background-color: #f0f0f0;" type="text" value="MM"/> <input style="width: 50px; text-align: center; border: 1px solid #ccc; background-color: #f0f0f0;" type="text" value="DD"/> <input style="width: 80px; text-align: center; border: 1px solid #ccc; background-color: #f0f0f0;" type="text" value="YYYY"/></p> <hr/> <p><b>How do you want us to check their identity?</b> <small>We'll use this information to see if they're eligible. It won't affect their credit status.</small></p> <p><input checked="" type="radio"/> <b>Social Security Number (SSN)</b> <small>This is the fastest option if you know the last 4 digits of their SSN.</small></p> <p><b>Enter last 4 digits of their SSN</b></p> <p>XXX - XX - <input style="width: 60px; border: 1px solid #ccc;" type="text"/></p> <hr/> <p><input type="radio"/> <b>Number on Tribal ID</b> <small>Look for this number on their card or documentation.</small></p> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span><input type="button" value="Back"/></span> <span><input type="button" value="Next"/></span> </div>
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<p>8</p>	<p>귀하의 정보를 저장하고 신청을 계속하려면 계정을 만드세요.</p> <ul style="list-style-type: none"> <li>• 사용자 이름을 입력하세요. 이메일 주소 또는 고유 ID일 수 있습니다.</li> <li>• 문자, 숫자, 기호를 혼합하여 비밀번호를 입력하세요.</li> <li>• 동일한 비밀번호를 다시 입력하세요.</li> </ul>	<div style="border: 1px solid #ccc; padding: 10px;"> <p><b>Choose your username.</b> 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><b>Username</b></p> <input style="width: 100%;" type="text"/> </div> <hr/> <div style="border: 1px solid #ccc; padding: 10px;"> <p><b>Choose your password.</b> Make sure it is something you can remember. Save this information somewhere secure because you will need to use it again.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Password Requirements</b></p> <ul style="list-style-type: none"> <li>① At least 8 characters long</li> <li>① At least 1 capital letter</li> <li>① At least 1 number (0-9)</li> <li>① At least 1 special character (!@#\$%^&amp;*)</li> <li>① No restricted phrases <a href="#">?</a></li> </ul> </div> <div style="width: 45%;"> <p><b>Password</b></p> <input style="width: 100%;" type="password"/> <p><input type="checkbox"/> Show Password</p> </div> </div> <div style="margin-top: 10px;"> <p><b>Confirm Password</b> Type the same password again.</p> <input style="width: 100%;" type="password"/> <p><input type="checkbox"/> Show Password</p> </div> </div>
<p>9</p>	<p>연락처 정보를 입력하세요.</p> <ul style="list-style-type: none"> <li>• 이메일 주소를 입력하세요. <ul style="list-style-type: none"> <li>○ 귀하의 신청에 대한 알림은 귀하가 공유한 이메일 주소로 전송됩니다.</li> </ul> </li> <li>• 전화번호를 입력하세요 (선택 사항).</li> <li>• 우편 주소가 집 주소와 다른 경우 확인란을 탭하거나 클릭하여 우편 주소를 입력하세요. <ul style="list-style-type: none"> <li>○ 사서함일 수 있습니다.</li> </ul> </li> </ul>	<div style="border: 1px solid #ccc; padding: 10px;"> <p><b>Your Contact Information</b></p> <p><b>What is your email address?</b> We will use your email to send you important reminders and information about your application and enrollment.</p> <input style="width: 100%;" type="text" value="example@email.com"/> <p><input type="checkbox"/> I want to provide an alternate email.</p> <hr/> <p><b>What is your phone number? (Optional)</b></p> <input style="width: 100%;" 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><b>Do you want to provide a mailing address?</b></p> <p><input type="checkbox"/> Yes, my mailing address is different than home address</p> </div>

# 온라인 신청 지침

## 라이프라인 프로그램

10	<p>선호하는 언어를 알려주세요 (선택 사항).</p> <ul style="list-style-type: none"> <li>• <b>영어, 스페인어 또는 모두를</b> 탭하거나 클릭하세요.</li> </ul>	<p><b>What is your preferred language? (Optional)</b></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</p> <p><input type="radio"/> Español</p> <p><input type="radio"/> Both</p>
11	<p>이용약관을 확인하세요.</p> <ul style="list-style-type: none"> <li>• 확인란을 탭하거나 클릭하여 동의하세요.</li> <li>• <b>Submit(제출)</b>을 탭하거나 클릭하세요.</li> </ul>	<p><b>Terms &amp; Conditions</b></p> <p><input type="checkbox"/> By checking this box, I accept the <a href="#">terms and conditions</a> of the National Verifier system.</p> <p><input type="button" value="Back"/> <input type="button" value="Submit"/></p>
12	<p>신청서 작성을 계속하려면 <b>라이프라인 신청 시작</b>을 탭하거나 클릭하세요.</p>	<p><b>My Applications</b></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>귀하의 자격을 알려주세요.</p> <ul style="list-style-type: none"> <li>• 해당되는 모든 항목 옆에 있는 확인란을 탭하거나 클릭하세요.</li> <li>• <b>Next(다음)</b>를 탭하거나 클릭하세요.</li> </ul>	<p><b>Confirm your program participation</b></p> <p><b>Which of the following programs do you participate in?</b></p> <p><b>Check all that apply.</b></p> <p><input type="checkbox"/> SNAP (Supplemental Nutrition Assistance Program) or Food Stamps <a href="#">?</a></p> <p><input type="checkbox"/> Medicaid</p> <p><input type="checkbox"/> Supplemental Security Income (SSI)</p> <p><input type="checkbox"/> Federal Housing Assistance <a href="#">?</a></p> <p><input type="checkbox"/> Veterans Pension and Survivors Benefit Programs</p> <p><input type="checkbox"/> Tribal Specific Program (only choose if you live on Tribal lands)</p> <p><input type="checkbox"/> I don't think I participate in any of these programs, I may qualify through my <b>income</b>.</p> <p><input type="checkbox"/> I don't participate in any of these, but I have a <b>child or dependent</b> who may. <a href="#">?</a></p> <p><input type="button" value="Back"/> <input type="button" value="Next"/></p>

<p>14</p>	<p>정보를 검토하세요.</p> <ul style="list-style-type: none"> <li>정보를 수정해야 하는 경우  <b>편집</b>을 탭하거나 클릭하여 업데이트하세요.</li> <li>동의서를 검토한 후 귀하의 정보를 사용하여 자격 여부를 확인할 수 있도록 하려면 확인란을 탭하거나 클릭하세요.</li> <li><b>제출</b>을 탭하거나 클릭하세요. <ul style="list-style-type: none"> <li>정보를 확인하는 데 몇 분이 걸릴 수 있습니다.</li> </ul> </li> </ul>	<h3>Review Your Information</h3> <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="927 531 1487 709" style="border: 1px solid #ccc; padding: 10px;"> <p>Full Legal Name: <b>Test John</b> <span style="float: right;"><input type="checkbox"/> Edit</span></p> <p>Date of Birth: <b>January 01, 1980</b></p> <p>Last 4 Numbers of SSN: <b>3333</b></p> <p>Address: <b>123 NOT REAL ROAD TOWN, DC 11111</b></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><span>Back</span> <span>Submit</span></p>
<p>15</p>	<p>혜택을 받을 자격이 있는지 또는 추가 정보가 필요한지 즉시 알 수 있습니다.</p> <p>더 많은 정보를 공유해 달라고 요청드렸나요?</p> <ul style="list-style-type: none"> <li><b>예인 경우, Next(다음)</b>를 탭하거나 클릭하여 <a href="#">자격 증명</a>(자격 증명) 섹션으로 이동하세요.</li> <li><b>아니요인 경우, Next(다음)</b>를 탭하거나 클릭하여 <a href="#">16단계</a>로 이동하세요.</li> </ul>	<h3>We need more information to see if you qualify</h3> <p>A few things happened:</p> <ul style="list-style-type: none"> <li>We couldn't find your address; please show us where you live on a map.</li> <li>Someone at your address already gets the Lifeline benefit; please answer some questions about your living situation to find out if you're eligible.</li> <li>We couldn't verify who you are; please attach a photo of a document that shows your identity information.</li> <li>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.</li> </ul> <p><b>What to do next</b></p> <p>You need to provide additional information in order to qualify for the Lifeline program.</p> <p><span>Next</span></p>

# 온라인 신청 지침

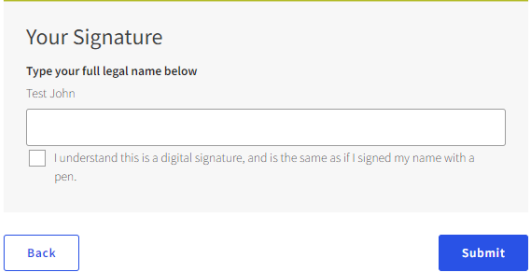
## 라이프라인 프로그램

16	<p>각각의 진술 내용을 읽고 이니셜을 기입하세요.</p>	<p>I agree, under penalty of perjury, to the following statements:</p> <hr/> <p><b>Initial</b> <input type="text"/> 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> <hr/> <p><b>Initial</b> <input type="text"/> I agree that <b>if I move I will give my service provider my new address</b> within 30 days.</p> <hr/> <p><b>Initial</b> <input type="text"/> 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"> <li>1. I, or the person in my household that qualifies, do not qualify through a government program or income anymore.</li> <li>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).</li> </ol> <hr/> <p><b>Initial</b> <input type="text"/> I know that <b>my household can only get one Lifeline benefit</b> and, to the best of my knowledge, my household is not getting more than one Lifeline benefit. <a href="#">?</a></p> <hr/> <p><b>Initial</b> <input type="text"/> 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> <hr/> <p><b>Initial</b> <input type="text"/> <b>All the answers and agreements that I provided on this form are true and correct</b> to the best of my knowledge.</p> <hr/> <p><b>Initial</b> <input type="text"/> I know that <b>willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law</b> and can result in fines, jail time, de-enrollment, or being barred from the program.</p> <hr/> <p><b>Initial</b> <input type="text"/> My service provider may have to check whether I still qualify at any time. <b>If I need to recertify my Lifeline benefit, I understand that I have to respond by the deadline</b> or I will be removed from the Lifeline Program and my Lifeline benefit will stop.</p> <hr/> <p><b>Initial</b> <input type="text"/> 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. <a href="#">?</a></p>
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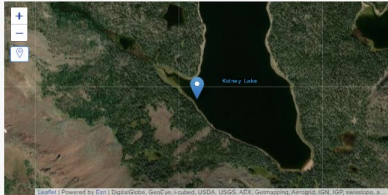
# 온라인 신청 지침

## 라이프라인 프로그램

<p>17</p>	<p>신청을 마칩니다.</p> <ul style="list-style-type: none"> <li>• 성과 이름을 입력하세요.</li> <li>• 체크박스를 탭하거나 클릭하여 이것이 디지털 서명이라는 것을 이해했는지 확인하세요.</li> <li>• <b>Submit</b>(제출)을 탭하거나 클릭하세요.</li> </ul>	
<p>18</p>	<p>귀하의 신청이 승인되었습니다!</p> <ul style="list-style-type: none"> <li>• <a href="#">참여하는 전화 또는 인터넷 회사에 연락하여</a> 혜택을 받으세요.</li> <li>• 마감일까지 등록하지 않으면 다시 신청해야 합니다.</li> </ul>	<p>Contact a phone or internet company to get your benefit</p> <p>You're approved to get your Lifeline benefit. <b>Sign up by November 6, 2024.</b></p> <p><b>What to do next</b></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><a href="#">Find a phone or internet company</a> in your area and say, "I have been approved for the Lifeline program and would like to sign up for service."</p> <div data-bbox="1032 1230 1382 1497" style="border: 1px solid black; padding: 5px;"> <p>Application ID: <b>Q90774-69740</b></p> <p>Full legal name <b>Test John</b></p> <p>Address: <b>123 Not Real Road, Town, DC 11111</b></p> <p>Method of identity verification: <b>Last 4 digits of SSN</b></p> </div>

### 자격 증명

이 섹션에서는 귀하의 자격, 신원 또는 주소를 확인하기 위해 추가 정보나 서류를 공유해 달라고 요청받는 경우 귀하가 취해야 할 조치를 보여줍니다. 자세한 내용은 Acceptable Documentation Guide(사용 가능한 문서 가이드)([영어](#), [스페인어](#))에서 확인할 수 있습니다.

제시해야 하는 경우 수행할 작업	수행할 단계
<p><b>귀하의 주소 증명</b></p> <p>지도에서 거주지를 찾아 주소를 확인하도록 요청받을 수 있습니다.</p> <p>당신이 사는 곳을 알려주세요.</p> <ul style="list-style-type: none"> <li>• 지도를 탭하거나 클릭하여 핀을 주소로 이동하거나 (+) 버튼을 사용하여 확대하세요.</li> <li>• 지도에서 주소를 찾으시면 핀을 탭하거나 클릭하세요.</li> <li>• <b>Next</b>(다음)를 탭하거나 클릭하세요.</li> </ul>	<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><b>How to find your address on the map</b></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><input type="button" value="Back"/> <input type="button" value="Next"/></p>

### 귀하의 가구 증빙서류

귀하의 가구가 라이프라인 혜택을 받을 자격이 있는지 확인 요청을 받을 수도 있습니다.

혜택은 가구당 한 달에 한 번만 받을 수 있습니다. 가구란 서로 관련이 없더라도 함께 살고 돈을 공유하는 사람들의 집단입니다.

- 질문에 답하세요.
- **Next**(다음)를 탭하거나 클릭하세요.

### 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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### 사회보장번호 증명

사회보장번호를 확인하기 위해 문서를 공유하라는 요청을 받을 수도 있습니다.

- 다음이 포함된 문서를 공유하세요.
  1. 성과 이름,
  2. 사회보장번호의 마지막 네 자리 숫자.
- **Take a photo**(사진 찍기) 또는 **Choose a file**(파일 선택)을 탭하거나 클릭하여 사진 또는 문서 사본을 첨부하세요.
- **Next**(다음)를 탭하거나 클릭하세요.

### 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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### 원주민 ID 번호 증빙서류

부족 ID 번호를 확인하기 위해 문서를 공유하라는 요청을 받을 수도 있습니다.

- 다음이 포함된 문서를 공유하세요.
  1. 성과 이름,
  2. 원주민 ID 번호.
- **Take a photo**(사진 찍기) 또는 **Choose a file**(파일 선택)을 탭하거나 클릭하여 사진 또는 문서 사본을 첨부하세요.
- **Next**(다음)를 탭하거나 클릭하세요.

### 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

Choose file

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### 생년월일 증빙서류

생년월일을 확인하기 위해 문서를 공유하라는 요청을 받을 수도 있습니다.

- 다음이 포함된 문서를 공유하세요.
  1. 성과 이름,
  2. 생년월일.
- **Take a photo**(사진 찍기) 또는 **Choose a file**(파일 선택)을 탭하거나 클릭하여 사진 또는 문서 사본을 첨부하세요.
- **Next**(다음)를 탭하거나 클릭하세요.

### 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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<h3>당신이 살아 있다는 증거</h3> <p>귀하가 살아있음을 확인하기 위해 문서를 공유해 달라는 요청을 받을 수도 있습니다.</p> <ul style="list-style-type: none"> <li>• 다음이 포함된 문서를 공유하세요.             <ol style="list-style-type: none"> <li>1. 성과 이름,</li> <li>2. 발행일이 최근 3개월 이내여야 합니다.</li> </ol> </li> <li>• <b>Take a photo</b>(사진 찍기) 또는 <b>Choose a file</b>(파일 선택)을 탭하거나 클릭하여 사진 또는 문서 사본을 첨부하세요.</li> <li>• <b>Next</b>(다음)를 탭하거나 클릭하세요.</li> </ul>	<h3>Share proof of life</h3> <p>Your document must include:</p> <ul style="list-style-type: none"> <li>• Your first and last name: <b>Test John</b></li> <li>• An issue date within the last three months</li> </ul> <p>Here are common examples:</p> <ul style="list-style-type: none"> <li>• A current utility bill</li> <li>• A paystub</li> <li>• A mortgage or lease statement</li> <li>• A retirement or pension statement of benefits</li> <li>• A notarized letter that confirms your identity and that you are alive</li> </ul> <hr/> <h4>How to add your photo or scanned copy</h4> <p>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.</p> <ul style="list-style-type: none"> <li>• Make sure your image is not blurry</li> <li>• Make sure your document is not cut off and we can see all four sides</li> <li>• Make sure you have good lighting</li> </ul> <p><a href="#">Choose file</a></p> <p><a href="#">Back</a> <a href="#">Next</a></p>
<h3>자격 증빙서류</h3> <p>귀하의 자격을 입증하는 서류(소득이나 정부 프로그램 참여 등)를 공유해 달라는 요청을 받을 수도 있습니다.</p> <ul style="list-style-type: none"> <li>• 자격을 취득할 방법을 선택하세요.</li> <li>• <b>Next</b>(다음)를 탭하거나 클릭하세요.</li> </ul>	<h3>Share more information to see if you qualify</h3> <p>With your help, we can confirm you qualify in a few more steps.</p> <hr/> <p>Do you have a document that shows your income?</p> <p><input checked="" type="radio"/> Yes, I have a document such as pay stubs, last year's tax return, or a social security statement.</p> <p><input type="radio"/> No, But I have a document that shows I (or my child or dependent) participate in a program such as SNAP or Medicaid.</p> <p><a href="#">Back</a> <a href="#">Next</a></p>
<h3>소득 증빙서류</h3> <p>소득 증빙서류를 제시하려면 다음과 같이 하세요.</p> <ul style="list-style-type: none"> <li>• 귀하의 가구에 몇 명이 살고 있는지 알려주세요.</li> <li>• 귀하의 연봉이 표시된 금액과 같거나 그 이하인지 확인하세요.</li> <li>• 다음이 포함된 문서를 공유하세요.</li> </ul>	<h3>Share more information to see if you qualify based on income</h3> <p>You may qualify if your annual income meets certain requirements.</p> <hr/> <p>How many people live in your household? ⓘ</p> <p>Number of people in my household:</p> <p><input type="text" value="1"/></p> <p>Is your annual income at or below \$20,331? ⓘ</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No, But I have a document that shows I (or my child or dependent) participate in a program such as SNAP or Medicaid.</p> <p><a href="#">Back</a> <a href="#">Next</a></p>

<ol style="list-style-type: none"> <li>1. 귀하의 이름 또는 부양가족의 이름,</li> <li>2. 귀하의 연간 소득,</li> <li>3. 발행일이 최근 12개월 이내입니다.</li> </ol>	
<p><b>프로그램 참여 증명</b></p> <p>프로그램 참여 증빙서류를 제시하려면 다음과 같이 하세요.</p> <ul style="list-style-type: none"> <li>• 어떤 프로그램에 참여하는지 알려주세요.</li> <li>• 다음이 포함된 문서를 공유하세요.             <ol style="list-style-type: none"> <li>1. 귀하의 이름 또는 부양가족의 이름,</li> <li>2. 프로그램의 이름,</li> <li>3. 문서를 발행한 정부, 원주민 단체 또는 프로그램 관리자의 이름,</li> <li>4. 최근 12개월 이내의 발행일 또는 미래의 만료일.</li> </ol> </li> </ul>	<p>Share proof of your program participation</p> <div style="border: 1px solid #ccc; padding: 10px; background-color: #f9f9f9;"> <p><b>Which program do you, your child or dependent take part in?</b></p> <p>You must provide proof of participation for the program you choose.</p> <ul style="list-style-type: none"> <li><input type="radio"/> SNAP (Supplemental Nutrition Assistance Program) or Food Stamps<sup>?</sup></li> <li><input type="radio"/> Medicaid</li> <li><input type="radio"/> Supplemental Security Income (SSI)</li> <li><input type="radio"/> Federal Housing Assistance<sup>?</sup></li> <li><input type="radio"/> Veterans Pension and Survivors Benefit Programs</li> <li><input type="radio"/> Tribal Specific Program (only choose if you live on Tribal lands)</li> <li><input type="radio"/> I don't think I (or my child or dependent) participate in any of these programs, but I may qualify through my <b>income</b>.</li> </ul> </div> <p><small>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.</small></p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Back</span> <span>Next</span> </div>

마지막 단계는 신청서를 확인하고 서명하는 것입니다.

- 각각의 진술 내용을 읽고 이니셜을 기입하세요.
- 성과 이름을 입력하세요.
- 체크박스를 탭하거나 클릭하여 이것이 디지털 서명이라는 것을 이해했는지 확인하세요.
- **Submit(제출)**을 탭하거나 클릭하세요.

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](#)

# 온라인 신청 지침 라이프라인 프로그램

신청서를 제출했습니다!

검토가 완료되면 다음에 무엇을 해야 할지에 대한 지침과 함께 이메일을 보내드리겠습니다.

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](#).