

Apply for the Lifeline Program Online as a Survivor

If you are a survivor of domestic violence, human trafficking, or related crimes, you can apply to get a survivor benefit through the Lifeline program. Lifeline is a federal program that lowers the monthly cost of phone or internet service.

If your household is eligible, you can get a survivor benefit for up to six months:

- Up to \$9.25/month on phone, internet, or bundled service, or
- Up to \$34.25/month if you live on qualifying Tribal lands.

After six months, you may apply for the standard Lifeline benefit of up to \$9.25/month off internet or bundled services or up to \$5.25/month off phone (voice-only) service.

What to do next

Follow the steps below to apply online as a survivor. This typically takes about 10 minutes to complete. You'll need to provide documentation that verifies your line separation request and may need to provide proof of your eligibility, identity, or home address.

If you have questions during the application process, contact the Lifeline Support Center by email at <u>LifelineSupport@usac.org</u> or call (800) 234-9473 from 9 a.m. to 9 p.m. ET.

	Follow these steps to apply online	What the steps look like
1	 Tap or click on the web browser on your mobile device or desktop computer. Enter LifelineSupport.org in the web address bar and tap Go/Search on your mobile device or Enter on the keyboard. Then, tap or click Apply Now. 	 ← C A → https://www.lifelinesupport.org USAC Lifeline Support Get Lifeline > Manage My Benefit > Con Get Connected to Phone or Internet Service Lifeline is a federal program that lowers the monthly cost of phone or internet service. Apply Now Recertify
2	Tap or click how to qualify as a survivor to start your application.	Are you a survivor of domestic violence or human trafficking? We provide additional safeguards to protect your information during the application process. Learn more about <u>how to qualify as a survivor.</u>



3	 Read about the Safe Connections Act and learn what to expect applying for Lifeline benefits as a survivor. Tap or click Yes to confirm you want to apply as a survivor and can provide documentation verifying your line separation request. 	Apply as a Survivor The Safe Connections Act of 2022 for qualifying survivors ⁽²⁾ What to expect as a survivor: • You will be able to select how you want us to reach out to you - either by mail or email. To avoid an abuser seeing your data, we will not send communications that reveal critical information such as your address. • You will need to provide documentation verifying your line separation request. ⁽²⁾
	 If you don't have proof of your line separation 	 Only a limited group of designated personnel will have access to your information. The survivor benefit period lasts for 6 months if you qualify.
	request, you can continue to apply for Lifeline and re- apply as a survivor once you receive the email, text message, or letter from your phone company. • Tap or click Continue .	Would you like to apply under this survivor status? Yes, I'm a survivor and can provide official line separation request documentation. No, I do not want to apply as a survivor and would like to continue with my application under the Lifeline program's typical requirements.
	• Tup of ellek continue .	Continue
4	Fill out your first and last name as it appears on your official documents, like a Social Security Card or State ID.	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 Name Middle Name (Optional)
5	 Fill out your date of birth. Enter the month. Enter the day. Enter the year. 	What is your date of birth?MonthDayMMDDYYYY



6	 Do you want us to check your identity with the last four digits of your Social Security Number? If yes, enter the last four digits of your Social Security Number. If no, select the Number on Tribal ID option and enter your Tribal identification number. 	 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. Social Security Number (SSN) This is the fastest option if you know the last 4 digits of your SSN. Enter last 4 digits of your SSN XXX - XX - This is required if you're applying for Lifeline. Number on Tribal ID Look for this number on your card or documentation.
7	 Fill out your home address. This cannot be a PO Box. This can be an address from the last 6 months. It does not have to be your current address. 	What is your home address? The address where you will get service. Do not use a P.O. Box. You will be able to add a mailing address later. Street Number and Name Apt, Unit, etc. 123 Street Road Image: City Your City or Town State Zip Code 00000 O0000
8	 Do you qualify for Lifeline through a child or dependent? If no, tap or click Next. Go to step 9 to continue. If yes, tap or click Yes, then select Next. Go to step 8a if you qualify through a child or dependent. 	Do you qualify for Lifeline or the Affordable Connectivity Benefit through your child or a dependent? 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. No, I qualify by myself. Yes, I qualify through my child or dependent.



8a	 Fill out your child or dependent's information. You'll need to: Fill out their first and last name. Fill out their date of birth. Verify their identity by using the last four digits of their Social Security Number or a Tribal ID number. 	What is their full legal name? The name you use on official documents, like your Social Security Card or State ID. Not a nickname. First Name Middle Name (Optional)
	 Tap or click Next. Go to <u>step 9</u> to continue. 	What is their date of birth? Month Day Year MM DD YYY How do you want us to check their identity? How do you want us to check their identity? How do you want us to check their identit? Wil use this information to see if they're eligible. It won't affect their cidit status. O social Security Number (SSN) This is the fastest option if you know the last 4 digits of their SSN. Liter last 4 digits of their SSN Litx - Xt - O number on Tribal ID Look for this number on their card or documentation. Back
9	 Create an account to save your information and continue your application. Enter a username. It can be an email address or a unique ID. Enter a password that is a mix of letters, numbers, and symbols. Type the same password again. 	Choose your username. 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. Username



		 Choose your password. Make sure it is something you can remember. Save this information somewhere secure because you will need to use it again. Password Requirements At least 8 characters long At least 1 capital letter At least 1 capital letter At least 1 special character (g@#\$%%*) No restricted phrases ? Show Password again. Show Password again.
10	 Tell us your preferred way to be contacted. Tap or click Email or Mail Notifications about your application will go to the option you select. 	What is your preferred way to be contacted? We will send you information about your Lifeline application and benefits to the location you select. Email Mail
11	 Fill out your contact information. Enter your email address. Enter your phone number (optional). Tap or click the checkbox to enter a mailing address if different from your home address. This can be a PO Box. 	Your Contact Information What is your email to send you important reminders and information about your application and enrollment. example@email.com want to provide an alternate email. What is your phone number? (optional) Suproviding 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. Do you want to provide a mailing address is different than home address



12	 Tell us your preferred language (optional). Tap or click English, Spanish, or Both. 	What is your preferred language? (Optional) 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. English Español Both
13	 Review the terms and conditions. Tap or click the checkbox to confirm you accept. Tap or click Submit. 	Terms & Conditions But the terms and conditions of the National Verifier system. Back
14	Tap or click Start Lifeline Application to continue filling out your application.	My Applications Here are all your applications from the last 180 days. You can start a new application when your last one expires. Return to Application
15	 Tell us how you qualify. Tap or click the checkbox next to all that apply. Tap or click Next. 	Confirm your programs participation Which of the following programs do you participate in? Check all that apply. 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 participate in any of these programs, show me more programs available to me as a survivor. I don't think I participate in any of these programs, I may qualify through my income. I don't participate in any of these, but I have a child or dependent who may. (*)



16	 Review your information. If you need to correct your information, tap or click Edit and make any updates. Review the consent statement and tap or click the checkbox to confirm we can use your information to check if you are eligible. Tap or click Submit. It may take a few minutes to check your information. 	Beck Beck Beck Beck
17	You'll find out right away what additional information we need you to share. • Tap or click Next and go to the <u>Show You Qualify</u> section.	We need more information to see if you qualify Afew things happened: • 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. • We couldn't confirm your eligibility; please attach a photo of a document that shows confirmation of your line separation request. • What to do next You need to provide additional information in order to qualify for the Lifeline program.



Show you qualify

This section shows what you'll need to do to share proof of your line separation request and if we ask for proof of your eligibility, identity, or address. For more information, review our Acceptable Documentation Guide (available in <u>English</u> and <u>Spanish</u>).

What to do if you need to show us	What the steps look like
 Proof of your address You may be asked to confirm your address by locating where you live on the map. Show us where you live. Tap or click on the map to move the pin to your address, or use the (+) button to zoom in. Tap or click on the pin once you have found your address on the map. Tap or click Next. 	<section-header><section-header> Brad goud address on the map below Status of the dynamic address on the map below Brad solution of the dynamic address, please shows Defended the dynamic address, please shows Defended the dynamic address, please shows Defended the dynamic address on the dynamic address Brad solution of the dynamic address on the dynamic address Brad solution of the dynamic address on the dynamic address Brad solution of the dynamic address on the dynamic address Brad solution of the dynamic address </section-header></section-header>
Proof of your household You may be asked to confirm if your household qualifies for the Lifeline benefit. Only one monthly benefit is allowed per household. A household is a group of people who live together and share money, even if they are not related to each other.	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. Fod, etc., and income. If your spouse receives Lifeline or the Affordable Connectivity Benefit, please answer 'Yes' to this question.
 Answer the questions. Tap or click Next. 	who already participates in the program(k) you are applying for. (Example: If you are only seeking to review the Affordable Connectivity, Benetic, and you are sharing income/supenses 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. Back



Proof of your Social Security Number	Share proof of your Social
You may be asked to share a document to confirm	Security number (SSN)
your Social Security Number.	Your document must include:
 Share a document that includes: 	Your first and last name: Test John The last four digits of your Social Security number:
1. Your first and last name,	хох-хх-3333
The last four digits of your Social Security Number.	Here are common examples: A Social Security Card A Social Security Benefit Statement (SSA-1099)
• Tap or click Take a photo or Choose a file to attach a photo or copy of the document.	 A W-2 from the last 2 years A prior year's state, federal, or Tribal tax return
• Tap or click Next .	
	 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
	Back
Proof of your Tribal ID Number	Share proof of your Tribal ID
You may be asked to share a document to confirm your Tribal ID number.	Number Your document must include:
• Share a document that includes:	Your first and last name: Test John
1. Your first and last name,	Your Tribal ID Number: 333333
2. Your Tribal ID number.	Here are common examples:
• Tap or click Take a photo or Choose a file to attach a photo or copy of the document.	A Tribal ID card An official certificate or letter from your tribe's enrollment office A Certificate of Degree of Indian Blood (CDIB)
• Tap or click Next .	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 Piese 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, ong, dt or git. 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



Proof of your date of birth	Share proof of your date of birth
You may be asked to share a document to confirm your date of birth.Share a document that includes:	Your document must include: • Your first and last name: Test John • Your date of birth: 1/01/1980
 Your first and last name, Your date of birth. Tap or click Take a photo or Choose a file to attach a photo or copy of the document. Tap or click Next. 	 Here are common examples: A Driver's license that is not expired A Passport that is not expired A birth certificate A U.S. governement, 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. jpg. pg. dj. or git. Alse sure your image is not blurry Ause sure your document in not cut off and we can see all four sides. Make sure you have good lighting. Choose a file Back
Proof that you are alive	Share proof of life
You may be asked to share a document to confirm you are alive.	Your document must include: • Your first and last name: Test John
 Share a document that includes: Your first and last name, An issue date within the last three months. Tap or click Take a photo or Choose a file to attach a photo or copy of the document. Tap or click Next. 	<text><list-item><list-item><list-item><section-header><list-item><list-item><list-item><list-item><list-item></list-item></list-item></list-item></list-item></list-item></section-header></list-item></list-item></list-item></text>



Proof of your eligibility	Share more information to see if
You may be asked to share documents that confirm your eligibility (such as your income or participation in a government program).	YOU QUALIFY With your help, we can confirm you qualify in a few more steps. Do you have a document that shows your income?
Choose how you qualify.Tap or click Next.	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. Back Next
Proof of your income	Share more information to see if
To show proof of your income , you'll:	you qualify based on income
 Tell us how many people live in your household. Confirm if your annual income is at or below the amount shown. Share a document that includes: Your name or your dependent's 	You may qualify if your annual income meets certain requirements. How many people live in your household? Number of people in my household: I I I I I Syour annual income at or below \$20,331? No. But I have a document that shows I (or my child or dependent) participate in a program such as SNAP or Medicaid.
name, 2. Your annual income, 3. An issue date within the last 12 months.	Back
Proof of your program participation	Share proof of your program
 To show proof of your program participation, you'll: Tell us which program you participate in. Share a document that includes: Your name or your dependent's name, The name of the program, The name of the government, Tribal entity, or program administrator that issued the document, An issue date within the last 12 months or expiration date in the future. 	participation Unich program do you, your child or dependent take for the program you chose. \u00ed with the program do you and the program you chose. \u00ed with the program do you and the program you chose. \u00ed with the program do you and the program you chose. \u00ed with the program do you and sustance Program) or Food Stamps (*) \u00ed with the definition of the program or Food Stamps (*) \u00ed with the definition of the program or Food Stamps (*) \u00ed with the definition of the program (only choose if you live on Tribal lands) \u00ed with the l(or my child or dependent) participate in any of these programs, show me more programs available to survivors. \u00ed with the l(or my child or dependent) participate in any of these programs, show me more programs available to survivors. \u00ed with the low my through my income. \u00ed with the low of the cever the sinformation by then, you will need to come back to gailing for Lifeline. If we don't receive this information by then, you will need to come back to gailing life to furthe life the sinformation by then, you will need to come back to gailing life the lifeline.



Proof of your line separation request

To show proof of your line separation request,

- Tap or click **Yes** to confirm that you have documentation for your line separation request.
- Tap or click **Next**.
- Share a document that includes:
 - Your first and last name,
 - An issue date within the last 12 months,
 - The name of your phone company.
- Tap or click **Take a photo** or **Choose a file** to attach a photo or copy of the document.
- Read each statement and enter your initials.
- Tap or click **Next**.

puru	tion request if applying as
survi	
Do you h request?	ave confirmation of your line separation
	our phone company to separate a line, they will provide confirmation of
Yes, I can	provide documentation for my line separation request
	option to apply for the survivor benefit. You must have confirmation of a line separation request from your phone company, or be able to get one to
You may st	provide documentation for a line separation request till qualify for the standard Lifeline benefit. In the future if you want the enefit, you will need to submit a new application.
Back	Next
Share p reques	proof of your line separation t
When applying for phone line that	r Lifeline, we will need proof that you asked your phone company to separate you shared with an abuser.
	any's documentation will confirm that you made the request.
Your docur 1. Your name	ment must include
	in the last 12 months if your phone company
 A text n A letter 	
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• A letter	add your photo or scanned copy
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 A letter How to Please attach Make sa Make sa Make sa Make sa 	add your photo or scanned copy h a picture or scanned copy of your document. Files must be less than 10 of the following file types: jpg, pg, pd, or git. ure your document is nor: ure your document is nor: ure you have good lighting. Take a photo or ur initials below to certify I certify that I have received documentation from my service provider that i submitted a legitimate line separation request, and I an submitting my application with evidence of that documentation. I understand that by qualifying for Lifeline through the Sale Connections Act (SCA), I am eligible for the benefit for 6 months, I
A letter How to Please attact MB and one Make si Make si Make si Type yo Initial	add your photo or scanned copy a picture or scanned copy of your document. Files must be less than 10 of the following file types; jpg, jpeg, png, pdf, or git. ure your image is not blurry ure your document is not cu off and we can see all four sides ure you have good lighting Take a photo Take a photo Control Stabelow to certify Lorrify that I have received documentation from my service provider that is bumitted a legitimate line separation request, and I an submitting my application with evidence of that documentation.
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A letter How to Please attack MB and one Make si Make si Make si Make si Initial Initial	add your photo or scanned copy a picture or scanned copy of your document. Files must be less than 10 of the following file types; jpg; jpeg; png; pdf, or gif. ure your image is not blurry ure your document is not cut off and we can see all four sides ure you have good lighting Take a photo Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descent Descen Descent
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The final step is to certify and sign the application form.

- Read each statement and enter your initials.
- Enter your first and last name.
- Tap or click the checkbox to confirm you understand this is a digital signature.
- Tap or click **Submit**.

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	Lagree that if I move I will give my service provider my new address within 30 days.
Initial	Lunderstand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including;
	 Lo et the person in my household that qualifies, do not qualify through a government program or income anymore. Either to 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. Lunderstand 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-errollment, 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 ands, as defined in 54.400(e) of the Lifeline rules. $\textcircled{0}$
Type your fu Test John	gnature Il legal name below tand this is a digital signature, and is the same as if I signed my name with a
	Submi
Back	

•

You have submitted your application!

what to do next.

We'll contact you (by email or mail) when

our review is complete with instructions on



Once your application is approved, your next step is to:

- <u>Contact a participating phone or internet</u> <u>company</u> to get your survivor benefit.
- Sign up by the deadline or you'll need to reapply.

Contact a phone or internet company to get your benefit	
You're approved to get your survivor benefit through the Lifeline program. Sign up by November 11, 2024.	
What to do next	
If you already have service Contact your phone or internet company and say, "I have been approved for the survivor benefit through the Lifeline program and would like to apply it to my service."	
If you don't currently have service Find a phone or internet company that can provide service to your address and say, "I have been approved for the survivor benefit through the Lifeline program and would like to sign up for service."	
Application ID: Q50037-91275	
Do you live on Tribal lands?	
Need to find an internet company near you?	
What happens at the end of the survivor benefit period or if I need to transfer phone or internet	
Does my state offer additional Lifeline benefits?	