

Lifeline Program Application Form



1. About Lifeline

Lifeline is a federal benefit that lowers the monthly cost of phone or internet service.

Rules

If you qualify, your household can get Lifeline for phone or internet service, but not both.

- If you get Lifeline for phone service, you can get the benefit for one mobile phone or one home phone, but not both.
- If you get Lifeline for internet service, you can get the benefit for your mobile phone or your home connection, but not both.
- If you get Lifeline for bundled phone and internet service, you can get the benefit for your mobile phone bundled service or your home bundled service, but not both.

Your household cannot get Lifeline from more than one phone or internet company.

You are only allowed to get one Lifeline benefit per household, **not per person**. If more than one person in your household gets Lifeline, you are breaking the FCC's rules and will lose your benefit.

What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

Do not give your benefit to another person

Lifeline is non-transferable. You cannot give your Lifeline benefit to another person, even if they qualify.

Be honest on this form

You must give accurate and true information on this form and on all Lifeline-related forms or questionnaires. If you give false or fraudulent information, you will lose your Lifeline benefit (i.e., de-enrollment or being barred from the program) and the United States government can take legal actions against you. This may include (but is not limited to) fines or imprisonment.

You may need to show other documents

You will need to show your phone or internet company an official document from one of the government qualifying programs or prove your annual income. Please provide copies of your official documents with this application. Include the documents in option 1 or option 2 below:

1. If you qualify through a government program: copies of your state ID card and an official document from the program you are qualifying through (your SNAP card, Medicaid card, Supplemental Security Income (SSI) benefit letter, Federal Public Housing Assistance (FPHA) award letter, or other accepted documents).
2. If you qualify through your income: copies of your state ID card and your last state, federal, or Tribal tax return, pay stubs for 3 consecutive months, or other accepted documents. Visit lifelinesupport.org to see the full list of accepted documents.

Visit lifelinesupport.org to see the full list of accepted documents.

Apply

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

To apply, mail this to:
NTAP (Nebraska Telephone Assistance Program)
P.O. Box 94927
Lincoln, NE 68509-4927

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2. Your Information

All fields are required unless indicated. Use only CAPITALIZED LETTERS and black ink to fill out this form.

What is your full legal name?
The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

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First

--	--

Middle (optional) Suffix (optional)

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Last

What is your phone number (if you have one)? **What is your date of birth?**

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Month Day Year

What is your email address (if you have one)?

What are the last 4 numbers of your Social Security Number (SSN)? [] [] [] []

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

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What is the best way to reach you?

email
 phone
 text message
 mail

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2. Your Information (continued)

*Tribal lands include any federally recognized Indian tribe's reservation, pueblo, or colony, including former reservations in Oklahoma; Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688); Indian allotments; Hawaiian Home Lands—areas held in trust for Native Hawaiians by the state of Hawaii, pursuant to the Hawaiian Homes Commission Act, 1920 July 9, 1921, 42 Stat. 108, et. seq., as amended; and any land designated as such by the Commission for purposes of this subpart pursuant to the designation process in the FCC's Lifeline rules.

What is your home address? (The address where you will get service. Do not use a P.O. Box)

Street Number and Name

Apt., Unit, etc. City

State Zip Code

Is this a temporary address? Yes No **Check if you live on Tribal Lands***

What is your mailing address? (Only fill this out if it is not the same as your home address.)

Street Number and Name

Apt., Unit, etc. City

State Zip Code

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3. Qualify for Lifeline

Fill out this section to show that you, your dependent, or someone in your household qualifies for Lifeline.

You can qualify through some government assistance programs or through your income (you do not need to qualify through both).

Qualify through a government program:

Check all programs that you or someone in your household have:

- Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)
- Supplemental Security Income (SSI)
- Medicaid
- Federal Public Housing Assistance (FPHA)
- Veterans Pension or Survivors Benefit Programs

Tribal Specific Programs

- Bureau of Indian Affairs (BIA) General Assistance
- Tribal Temporary Assistance for Needy Families (Tribal TANF)
- Food Distribution Program on Indian Reservations (FDPIR)
- Tribal Head Start (only households that meet the income qualifying standard)

Or

Qualify through your income:

(Only fill this out if you do not qualify through a government program.)

Including you, how many people live in your household? (check one)	Is your income the same or less than the amount listed for your state and household size? (only check yes or no next to your household size)				
	All 48 States & DC (not Alaska and Hawaii)	Alaska	Hawaii	Yes	No
<input type="checkbox"/> 1	\$16,389	\$20,493	\$18,846	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2	\$22,221	\$27,783	\$25,555.50	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3	\$28,053	\$35,073	\$32,265	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4	\$33,885	\$42,363	\$38,974.50	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5	\$39,717	\$49,653	\$45,684	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 6	\$45,549	\$56,943	\$52,393.50	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7	\$51,381	\$64,233	\$59,103	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 8	\$57,213	\$71,523	\$65,812.50	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> If more than 8, add this amount for each extra person:	Add \$5,832	Add \$7,290	Add \$6,709.50	<input type="checkbox"/>	<input type="checkbox"/>

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

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4. Agreement

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

You must initial next to each statement.

Initial I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).

Initial I agree that if I move I will give my service provider my new address within 30 days.

Initial I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:

- 1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore.
- 2) Either I or someone in my household gets more than one Lifeline benefit (including, more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services).

Initial I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit.

Initial I agree that my service provider can give the Lifeline Program administrator all of the information I am giving on this form. I understand that this information is meant to help run the Lifeline Program and that if I do not let them give it to the Administrator, I will not be able to get Lifeline benefits.

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

Initial I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

Initial My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.

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

I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service. Message and data rates may apply. Text STOP to end messages.

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

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Notice

PAPERWORK REDUCTION ACT NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, between 0.25 and 0.75 hours. Our estimate includes the time to read the questions, look through existing records, gather the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PERM, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request on this form. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your response may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

PRIVACY ACT STATEMENT: The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

Authority: Section 254 of the Communications Act (47 U.S.C. § 254), as amended, 47 U.S.C. §254, authorizes the FCC to operate the Lifeline program. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.).

Purpose: We are collecting this personal information so we can verify that you qualify for the Lifeline program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, which we have published in 82 Fed. Reg. 38686 (Aug. 15, 2017).

Routine Uses: We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

Disclosure: You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

NEBRASKA TELEPHONE ASSISTANCE PROGRAM (NTAP) APPLICATION

3-2018

(If you live on Tribal land, **DO NOT** use this application. Contact your local company for a Tribal land discount.)

For eligible Nebraskans, this program, administered by the Nebraska Public Service Commission, reduces the cost of service by up to \$12.75 per month or provides minutes to an eligible cellular service. Some companies are not eligible to participate in this program. If you are unsure of your companies' participation, please see the enclosed list.

APPLICANT INSTRUCTIONS: PLEASE PRINT CLEARLY. Read this application completely. In order to be approved for assistance ALL AREAS NEED TO BE COMPLETED. Provide all documents requested, sign this application and return it to the NTAP department at: **PO Box 94927, Lincoln, NE 68509.** **Completion of this application does not guarantee approval. After your application is reviewed; further documents may be required.**

Have Questions: Call 1-800-526-0017 or in Lincoln, 402-471-3101

United States Citizenship Attestation: For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows (Please select one):

I am a citizen of the United States
----OR----

I am a qualified alien under the federal immigration and Nationality Act, my immigration status and alien number are as follows: My alien number is: _____ and I agree to provide a copy of my USCIS documentation upon request.

Members of the Applicant's Household

A "household" is any individual or group of individuals (related or unrelated) who are living together at the same address as one economic unit. If an adult has no or minimal income and lives with someone who provides financial support to him/her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents/guardians.

Please list requested information for applicant and all members of your household below.

First Name	MI	Last Name	Complete Social Security Number	Date of Birth (Month/Day/Year)

******PLEASE NOTE: THIS APPLICATION IS PRINTED FRONT AND BACK. REMEMBER TO DOUBLE CHECK EACH SIDE TO MAKE SURE YOUR APPLICATION IS COMPLETE******

Account INFORMATION *PLEASE NOTE***** Not all companies participate with NTAP or provide NTAP in all coverage areas. For participating companies please see list, if included, or contact the NTAP department. **If you are applying for a free phone and minutes, you will need to contact the phone company, set up an account and obtain your reserved phone number.** Also, you must use the phone at least once every thirty (30) days or your phone will be disconnected and you will need to reapply. *****NOT ALL ACCOUNTS QUALIFY*****

If you currently have phone service please complete the information below:

Name of My Company: _____

My Phone Number is: (_____) _____

Customer Name on Account/ Bill: _____

The account must be in/contain the applicant's name

If you don't currently have phone service and are checking if you're eligible, mark

I Do Not currently have phone service: _____

If you don't currently have phone service, but know what service provider you want: Make sure the phone company participates. Next, you will need to contact the company you wish to have service with and set up an account. Then do the following:

- 1. Set up your account with the phone company and obtain your phone number.
- 2. Complete information requested below.

Name of My Company: _____

My Phone Number is: (_____) _____

Customer Name on Account/ Bill: _____

The account must be in/contain the applicant's name

I hereby certify that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States. I further certify, under penalty of perjury, the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive assistance from this program. By signing this application, I hereby give consent to release my information provided in this application to the administrator of the Lifeline Program-Universal Service Administrative Company and I understand that the information released will be kept confidential.

Applicant Signature: _____ *Date:* _____

****POA Signature:** _____ **Date:** _____

*** If an authorized representative is signing the application, a copy of the Durable Power Of Attorney or Guardianship document must be included**

PROVIDING PROOF OF ELIGIBILITY:

Based on what you selected as a qualifying program on page 5, you may need to provide proof of qualifying program with your application.

- Medicaid-**No Proof Needed, unless NTAP is unable to verify**
- Supplemental Nutrition Assistance Program (SNAP)-**No Proof Needed, unless NTAP is unable to verify**
- Children's Health Insurance (CHIP)-**No Proof Needed, unless NTAP is unable to verify**
- Federal Public Housing-**See section below**
- Supplemental Security Income (SSI) -**Current award letter from Social Security Administration**
- Veterans Pension Benefit/Survivors Pension Benefit-**Pension grant, cost of living adjustment(COLA), or Survivors benefit summary letters-NOT Retirement benefits**
- My household income is at or below 135% of the poverty level-**See below**

PROOF OF FEDERAL HOUSING: You may do one of the following:

When submitting documentation, please do not submit a document that is over 1 calendar year old**
The document may be for the applicant, applicant's dependent or a member or the applicant's household

1. You can provide a Federal Public Housing award letter. The letter should contain: the name of the program, date of the award: Name of the award beneficiary and award amount.
2. You can provide a copy of your Federal Public Housing Lease agreement or voucher. This document should clearly list the type of public housing assistance credit that is issued.
3. If you don't have an award letter, lease agreement or voucher, you will need to contact your housing agency and request one of the above documents.

***If your document is over 1 calendar year old, you will also need to get a letter from your housing authority stating that you are still currently residing at that address and still currently receiving federal housing assistance.

NTAP ELIGIBILITY BASED ON INCOME GUIDELINES: Income is all income received by all members of a household. This includes, but is not limited to: salary before deductions of taxes, public assistance benefits, social security payments, pensions, lottery winnings, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, workers' compensation benefits, and gifts.

Household Size	1	2	3	4	For each add'l person
Income at or below	\$16,389	\$22,221	\$28,053	\$33,885	Add \$5,832

If qualifying under income you must provide copies of documentation to show that your annual income is at or below 135% of the poverty level. Below is a list of documents accepted to show proof of income. When submitting documentation, please do not submit a document that is over 1 calendar year old. If possible, please send a copy of the documents you are submitting. Submitted documents will not be returned.

Salaries, Wages, Tips, Commissions, etc.: Three consecutive months of paystubs, your most recent W2 forms or last year's income tax form. If you are self-employed; send a copy of your recent income tax form.

Retirement, Social Security or Pensions: Copies of your award notice or statement of benefits letter.

Workers' Compensation, Unemployment or Disability: Copy of the letter you received from Workers' Compensation, letter from State employment office, check stubs or your award letter from the Social Security Office.

Veterans Pension Benefit/Survivors Pension Benefit: Copy of your pension grant letter, Cost of Living Adjustment (COLA) letter or Survivors benefit summary letter.

Child Support or Alimony: Copy of checks received, court decree or legal agreement.

Other: Any award letters or benefit statements of other income received.