

Federal Lifeline Application

Telephone and Broadband Internet Discounts, 2017



If your application is not complete with your personal details, proof of either program participation or household income, and authorized signatures, your discounts will be delayed.

1) Social Security Number or Tribal ID Number:

Name Date of Birth (MM/DD/YYYY):

Street: City State: SD Zip code

Check here if the address is temporary.

Check here if more than one family lives at this address.

Mailing Address (if different from home):

Street: City: State: SD Zip code:

Telephone or broadband company where you want discount:

Telephone number where you can be reached:

Telephone or broadband account number if you have service now:

2) A.

(Name) of person in my household who participates in the following program(s). Check all that apply, and **attach copies of proof.**

- Federal Public Housing Assistance
- Medicaid/Medical Assistance
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Veterans Pension or Survivors Pension Benefit

B.

(Name) of person in my household who lives on Tribal lands and participates in the following program(s). Check all that apply, and attach copies of proof.

- Bureau of Indian Affairs General Assistance
- Food Distribution Program on Indian Reservations (FDPIR)
- Tribally Administered Head Start (for those meeting income-qualifying standards)
- Tribally Administered Temporary Assistance for Needy Families (TTANF)

3) I do not participate in the programs detailed in #2. Instead, my income is at or below 135% of the Federal Poverty Guidelines (attached). **Attach one of the documents below if you did not check any boxes in #2.**

- Child support award/Divorce decree
- Current pay stubs or other official documentation of income for the last three months
- Last year's State, Federal, or Tribal tax return
- Retirement/Pension benefits statement
- Social Security benefits statement
- Unemployment/Workers compensation statement
- Veterans Administration benefits statement

Number of people living in household:

I certify the number of people living in the household to be true.

I certify that I have presented all income for myself and members of my household.

4) You must sign your initials on each line below under penalty of perjury:

I understand Lifeline is a federal discount and is non-transferable.

I meet the income-based or program-based eligibility criteria for receiving Lifeline.

I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, if I no longer meet the income-based or program-based criteria for received support, if I am receiving more than one benefit, or if another member of my household is receiving a benefit.

I will provide the new address to my carrier within 30 days if I move.

My household will only receive one Lifeline service, and to the best of my knowledge, my household is not already receiving a Lifeline service. For Lifeline purposes, a household is defined as any group of individuals who live together at the same address and share income and expenses.

The information contained in my certification form is true and correct to the best of my knowledge.

I acknowledge that providing any false or fraudulent information to receive Lifeline benefits is punishable by law.

I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

*If seeking to qualify as an eligible resident of Tribal Lands, please initial below.

I certify that I am seeking to qualify for Lifeline as an eligible resident of Tribal lands and live on Tribal lands.

I consent to have my name, number, and address provided to the Universal Service Administrative Company (USAC) and/or its agency and to any state or federal agency, for the purpose of verifying that I qualify for the Lifeline program and that I do not receive more than one Lifeline discount.

Applicant Signature

Date

[OPTIONAL] I designate the name and telephone number of an Authorized Representative for this application. This person has completed this form on my behalf and is willing to assist me in seeking telephone service discounts.

Print Authorized Representative Name

Date

Authorized Representative's Daytime Phone Number:

5) Questions? Please contact us at 1-800-692-0021 or 320-568-2105.

- ✓ Complete application.
- ✓ Attach program participation or proof of income.
- ✓ Before submitting application, contact the company where you want the discount.
- ✓ Mail application and income documents.

FARMERS MUTUAL TELEPHONE • 301 2ND ST SOUTH • BELLINGHAM, MN 56212

2017 Federal Poverty Guidelines – 135%

Household Size	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$16,281	\$20,331	\$18,711
2	\$21,924	\$27,392	\$25,205
3	\$27,567	\$34,452	\$31,698
4	\$33,210	\$41,513	\$38,192
5	\$38,853	\$48,573	\$44,685
6	\$44,496	\$55,634	\$51,179
7	50,139	\$62,694	\$57,672
8	\$55,782	\$69,755	\$64,166
For each additional person, add	\$5,643	\$7,061	\$6,494

Please Note:

- [Source](#): Federal Register, Vol. 82, No. 19, January 31, 2017, pp. 8831-8832.
- The federal poverty guidelines are typically updated at the end of January.