

## Lifeline Program

Lifeline is a federal government program that assists qualified lowans by providing a monthly discount (credit) of \$9.25 on a local telephone bill or broadband internet service bill.

You may only receive low-income assistance from one wireline or wireless telephone provider, or one broadband internet service provider per household. **For complete details, see pages two and three of this document.**

Households currently receiving more than one Lifeline service must select a single Lifeline service provider and de-enroll from the Lifeline program with any other provider(s).

To qualify for the broadband internet service discount, Broadband speeds must be 15 mbps download and 2 mbps upload or faster.

**The Lifeline application is on pages four through eight of this document.** Please fill it out and return it to our office. Or, **contact us** [acrec@acrec.coop](mailto:acrec@acrec.coop) with any questions.

# Low-Income Telephone or Broadband Internet Access Service Assistance Program

## ***Lifeline***

Lifeline is a plan that assists qualified low-income lowans by providing a monthly reduction of \$9.25 on their local telephone bill or Broadband Internet Access Service (“BIAS”) bill.

You may only receive low-income assistance from one wireline or wireless telephone provider, or one BIAS provider per household.\*

### ***\*NOTE:***

*A “Household” is defined as any individual or group of individuals who are living together at the same address as one economic unit. An “economic unit” consists of all adult individuals contributing to and sharing in the income and expenses of a household.*

## ***Eligibility Requirements***

To be eligible for Lifeline assistance, you must meet income-based criterion currently defined as at or below 135 % of the Federal Poverty Guidelines (see table inside) **OR** participate in at least one of the following programs:

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

In addition, you must not currently be receiving Lifeline assistance, and no other person in your household\* can be subscribed to the Lifeline program.

## ***To Apply for Lifeline:***

1. Complete the certification form attached to this brochure, (please include any supporting documents) and submit it to your local telecommunications or BIAS provider’s business office. Contact information can be found on your bill or in your local telephone directory.
2. Re-certification forms are mailed to all subscribers every year. When you receive a re-certification form, complete and return it to your local telecommunications or BIAS provider within 60 days. Re-certification is mandatory and your telecommunications or BIAS provider will suspend your eligibility for low-income assistance if you do not return the re-certification form.

# Federal Government Lifeline Program for Low-Income Telephone or Broadband Internet Access Service Assistance

**Revised: December 2017**



**Courtesy of:**

**The Iowa Communications  
Alliance, Iowa Utilities Board,  
and Allamakee-Clayton  
Electric Cooperative, your  
local communications provider**

# 135 percent of federal poverty guidelines

(As of January 1, 2017)

Number of people living in home	Household Income (at or below)
1	\$16,281
2	\$21,924
3	\$27,567
4	\$33,210
5	\$38,853
6	\$44,496
7	\$50,139
8	\$55,782
* For each additional person	Add \$5,643

## Application Checklist

Please provide the following information:

1. A signed and completed Lifeline assistance certification form.
2. A copy of one of the following if applying based on the size and income level of a customer's household:
  - Last year's federal or state income tax return
  - Current annual income statement from employer
  - Paycheck stubs for most recent three consecutive months
  - Social Security statement of benefits
  - Veteran's Administration statement of benefits
  - Retirement or pension statement of benefits
  - Unemployment or worker's compensation statement of benefits
  - Letter of participation in general assistance
  - Divorce decree or child support documentation

3. Supporting documentation of program-based eligibility if applying based on participation in any programs listed on the back of this brochure.

Acceptable documentation of program eligibility includes the current or prior year's statement of benefits from a qualifying assistance program, a notice, letter or documents of participation in a qualifying assistance program, or another official document demonstrating that you, or one or more of your dependents, or your household receives benefits from a qualifying assistance program. **Federal law requires your provider to review and securely retain this documentation. Federal law also prevents your provider from sharing these documents with unauthorized persons.**

For questions, please call your local telecommunications or BIAS provider.

# 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

If the Lifeline Program Administrator is not able to prove you or someone in your household qualify using this form and electronic databases, you may need to show an official document from one of the government qualifying programs or to prove your annual income. You can submit copies of your official documents with this application or wait until the Lifeline Program Administrator asks you for them. To add them now, include the documents in option 1 or option 2 below:

1. If you qualify through a government program: copies of both sides of your state ID card and an official document from the programs you are qualifying through (your SNAP card, Medicaid card, etc.)
2. If you qualify through your income: copies of both sides of your state ID card and 3 pay stubs in a row (or other accepted documents).

Visit [lifelinesupport.org](http://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.

Bring or mail the form to this address:

Allamakee-Clayton Electric Coop.  
PO Box 715  
Postville, IA 52162



## 2. Your Information

All fields are required unless indicated.

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Last	Middle (optional)	Suffix (optional)

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year

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

**What are the last 4 numbers of your Social Security Number (SSN)?**  
(Enter your Tribal Identification Number if you do not have a SSN)

**What is the best way to reach you?**

email     phone     text message     mail

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

<input type="text"/>	<input type="text"/>
Street Number and Name	Apt., Unit, etc.
<input type="text"/>	<input type="text"/>
City	Zip

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.)

<input type="text"/>	<input type="text"/>
Street Number and Name	Apt., Unit, etc.
<input type="text"/>	<input type="text"/>
City	Zip

Only fill this section out if you are applying through a child or dependent.

Check if you are qualifying through a child or dependent in your household.  
If so, answer the following questions:

**What is their full legal name?**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Last	Middle (optional)	Suffix

**What are the last 4 numbers of their Social Security Number (SSN)?**  
(Enter their Tribal Identification Number if they do not have a SSN)

**What is their date of birth?**       Check if they live on Tribal Lands

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year



### 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	\$16,281	\$20,331	\$18,711	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2	\$21,924	\$27,392	\$25,205	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3	\$27,567	\$34,452	\$31,698	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4	\$33,210	\$41,513	\$38,192	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5	\$38,853	\$48,573	\$44,685	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 6	\$44,496	\$55,634	\$51,179	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7	\$50,139	\$62,694	\$57,672	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 8	\$55,782	\$69,755	\$64,166	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> If more than 8, add this amount for each extra person:	\$5,643	\$7,061	\$6,494	<input type="checkbox"/>	<input type="checkbox"/>

**135% of the 2017 Federal Poverty Guidelines**  
\*The Federal Poverty Guidelines are typically updated at the end of January.



## 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.

Signature

Today's Date



## 5. Agent Information

*Answer only if a sales person submits this form.*

**What is the agent's full legal name?**

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

First

Last

Middle (optional)

Suffix

**What is the agent's USAC ID number?**

**What is the agent's date of birth?**

Month

Day

Year



## Notice

**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.