

## Qualify for Lifeline

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

## Agreement

- ☒ 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).
- ☐ I agree that if I move I will give my service provider my new address within 30 days.
- ☐ 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).
- ☐ 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.
- ☐ 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.
- ☒ All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.
- ☒ 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.
- ☐ 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.
- ☐ I was truthful about whether or not I am a resident of Tribal lands, as defined in section 2 of this form.

**Signature**

**Sudipta Jana, 07/22/2020**