

APPLICATION FORM

You have expressed interest in applying for the California LifeLine discounts. Apply before...

RESPONSE DATE: 05/22/2021

3 6 0 0 4 7 8 6 6 7 2 5

EEST EDEMO
163 E Orange Grove Blvd
PASADENA, CA 91103

Keep this sheet for your records.

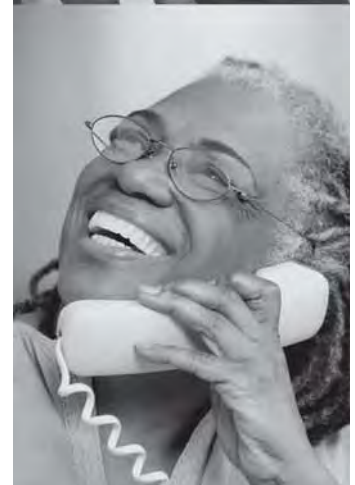
CALIFORNIA LIFELINE PROGRAM

You can apply online at
www.californialifeline.com
using the PIN below

⇒ 2496 ⇐

Important Reminders:

- Submit a **COPY** of proof with your form.
- Print your initials in Step 2.
- Print and sign your name.
- You must be at least 18 years old or an emancipated minor to receive the discounts. Emancipated minors must provide proof of emancipation.
- You must call your phone company within 30 days for any changes to your service address or billing address.
- Print your date of birth and the LAST 4 digits of your Social Security Number



Get your discounts...APPLY today!

Here's how:

Step 1

Check that your personal information is correct.

Step 2

Is your household already getting the California LifeLine discounts?

Step 3

Are you a **Program-Based** applicant?

Step 4

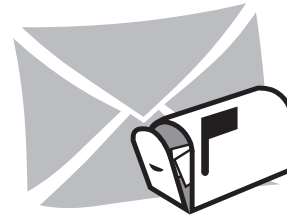
Are you an **Income-Based** applicant?

**Final
Step**

Submit before the response date. Mail a COPY of the required proof with form.



For faster processing, apply online at
www.californialifeline.com using your PIN.



Mail to: California LifeLine Administrator
P.O. Box 138014, Sacramento, CA 95813-8014

Step 1

Check your name, address, and phone number.



Call your phone company to report any mistakes **within 30 days**. The phone company will fix them. Corrections on this sheet will NOT be accepted.

Billing Address

EEST EDEMO
163 E Orange Grove Blvd
PASADENA, CA 91103

Permanent Service Address

EEST EDEMO
163 E Orange Grove Blvd
PASADENA, CA 91103

Applicant's Phone Number: 017-000-0177

Application Date: 04/09/2021

PIN: 2496

Red Pocket Mobile's Phone Number: 1-949-500-5344

California LifeLine Program APPLICATION FORM

SUBMIT BY: 05/22/2021

Step 2

By printing my initials here, I certify that no one else in my household already has the California LifeLine discounts with my current phone company or another phone company (including federal Lifeline for cell phone service).

INITIAL HERE

Step 3

PROGRAM-BASED: Is there someone in your household enrolled in any of the programs listed below?

If YES, fill in the bubble with a blue or black pen next to all of the programs in which you or any household member(s), **including kids**, are enrolled. Fill in bubble completely. Sample: ● Correct ✗ Incorrect

- | | |
|--|--|
| <input type="radio"/> Women, Infants, and Children Program (WIC) | <input type="radio"/> Tribal TANF |
| <input type="radio"/> Medicaid/Medi-Cal | <input type="radio"/> Head Start Income Eligible (Tribal Only) |
| <input type="radio"/> Supplemental Security Income (SSI) | <input type="radio"/> Bureau of Indian Affairs General Assistance |
| <input type="radio"/> National School Lunch Program (NSLP) | <input type="radio"/> Food Distribution Program on Indian Reservations (FDPIR) |
| <input type="radio"/> Low Income Home Energy Assistance Program (LIHEAP) | <input type="radio"/> Temporary Assistance for Needy Families (TANF), California Work Opportunity and Responsibility to Kids (CalWORKs), Stanislaus Work Opportunity and Responsibility to Kids (StanWORKs), Welfare-to-Work (WTW), or Greater Avenues for Independence (GAIN) |
| <input type="radio"/> CalFresh, Food Stamps, or Supplemental Nutrition Assistance Program (SNAP) | |
| <input type="radio"/> Federal Public Housing Assistance or Section 8 | |
| <input type="radio"/> Federal Veterans and Survivors Pension Benefit Program | |

YOU MUST **MAIL A COPY OF PROOF** OF PARTICIPATION IN A QUALIFYING PUBLIC ASSISTANCE PROGRAM WITH YOUR FORM. Check the *Types of Proof* in the Eligibility Guidelines.



STOP

If you filled in any bubble on Step 3, skip Step 4.

Step 4

INCOME-BASED: Is your household's total annual gross income at or less than the annual income limits? Check the *Income Table* in the Eligibility Guidelines.

How many people (adults and kids) are in your household?

Adults (18 and over) + Kids (under 18) =

What is your household's total annual gross income? (Round to whole dollars.)

Check the *Income Calculator* in the Eligibility Guidelines.

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YOU MUST **MAIL A COPY OF PROOF** OF YOUR HOUSEHOLD'S TOTAL ANNUAL GROSS INCOME (**before taxes**) WITH YOUR FORM. Check the *Types of Proof* in the Eligibility Guidelines.



Turn Over



- Call your phone company **within 30 days** to report any mistakes you see in Step 1.
- Print your initials in Step 2.
- Use blue or black pen to fill out your form.
- Submit copies of proof with your form.
- Print and SIGN your name below.
- Print your date of birth and the last 4 digits of your Social Security Number below.



SIGN AND PRINT YOUR NAME - By signing below in compliance with federal and state government rules, I certify, under penalty of perjury, that giving false or fraudulent information is punishable by law, that my household is qualified for the discounts, that my household will not be getting more than one discount, that the service address is my principal residence, that I am not claimed as a dependent on another person's tax return, that I understand the notification rules, that I must renew my discounts annually, that if I do not renew I will lose the discounts, and that the information in this form is true and correct. I agree to inform my phone company or the California LifeLine Administrator within 30 days if I change my service address or billing address, if I no longer qualify for the California LifeLine discounts, or if my household is getting more than one discount. I understand and agree that I will be penalized if I do not follow these notification rules. I acknowledge and give my consent for the California LifeLine Administrator to share my information in this form to the Universal Service Administrative Company and/or its agents. Legal Guardians or people with Power of Attorney are allowed to sign this form. For California LifeLine wireless participants: I consent to receive future SMS (text) messages from the California LifeLine Program. I understand that I can opt-out of receiving these text messages at any time because they are not needed to receive the California LifeLine discounts.

Today's Date:

☐ Fill in this bubble if signed by a Legal Guardian or a person with Power of Attorney.

□ □ □ □
Last 4 digits

[illegible]

 Braille

Important Information About Your California LifeLine Application

30 Day Waiting Period for an Enrollment Request for the California LifeLine Discounts for **Cell Phone Service**

When you submit an enrollment request to receive the California LifeLine discounts for cell phone service you have to wait up to 30 days to submit another enrollment request. You CANNOT have multiple enrollment requests for the California LifeLine discounts for cell phone service going at the same time. The 30-day waiting period ends when either 1) the California LifeLine Administrator sends the final eligibility decision, 2) the enrollment request is cancelled, or 3) the 30 days have passed since the enrollment request, whichever occurs first. After the 30-day clock stops, you may then submit another enrollment request for the California LifeLine discounts for cell phone service, as applicable. You can independently cancel an enrollment request by contacting the California LifeLine Administrator by phone or going to Check Your Status at www.californialifeline.com. The cell phone company can also cancel an enrollment request.

There are two ways for you to apply for the telephone discounts from this state program:

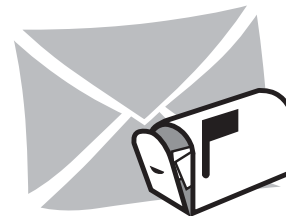
1

Online Process - complete your form online at www.californialifeline.com. Be sure to have your Personal Identification Number (PIN) ready.



2

Paper Process - complete, sign, and mail your form and any required proof to the California LifeLine Administrator. A return envelope is enclosed.



OR

After you have submitted your form, the California LifeLine Administrator will send you a letter approving or denying your participation. If you do not submit your form before the Response Date, you will NOT receive the California LifeLine discounts and will continue to pay the regular rates for your phone service. Your form and any other required documents must be completed and received before this:

RESPONSE DATE: 05/22/2021

CONTACT THE CALIFORNIA LIFELINE ADMINISTRATOR
FOR QUESTIONS ABOUT THE FORM, RESPONSE DATE, YOUR PIN, OR YOUR STATUS
Toll-free (877) 858-7463 or TTY (888) 858-7889
Hours are 7 a.m. to 7 p.m. Monday to Friday (excluding state holidays)

GENERAL GUIDELINES

1. Only one California LifeLine discount per household is allowed (except for TTY users).
2. Households must choose to get the discount either on a home phone or a cell phone, but not on both.
3. Households cannot get the discount from multiple phone companies.
4. Providing your signature, date of birth and the LAST 4 digits of your Social Security Number are required to receive the discounts.
5. Individuals who do not follow the one discount per household rule will lose their discounts, and may be prosecuted by the U.S. government.
6. Individuals can be punished for giving false information to get the discounts. Penalties can include imprisonment, losing the discounts, monetary fines, and being banned from the California LifeLine Program.
7. Applicants cannot be claimed as a dependent on another person's income tax return.
8. The applicant signing the form must be the same person listed under the Service Address in Step 1.
9. The discount for the service connection charge can only be for the primary residence.
10. A current participant cannot transfer the discounts to someone else.

Turn Over 

INCOME-BASED GUIDELINES

If you are qualifying by income, your household's total annual gross income must be at or less than the California LifeLine annual income limits for your household size. A HOUSEHOLD includes adults and children who are living together at the same address as one economic unit. An economic unit consists of all adults (persons at least 18 years old) contributing to and sharing in the household's income and expenses. Any household size is acceptable. If your household size has more than 10 members, add \$7,100 to \$82,300 for each additional member to find out the matching California LifeLine annual income limit.

INCOME CALCULATOR				
Weekly Gross Income	X	52	=	Annual Income
Biweekly Gross Income	X	26	=	Annual Income
Monthly Gross Income	X	12	=	Annual Income

Check the Income Table below to see if your household qualifies:

INCOME TABLE	
Household Size	California LifeLine Annual Income Limits
1-2 members	\$28,700
3 members	\$32,600
4 members	\$39,700
5 members	\$46,800
6 members	\$53,900
7 members	\$61,000
8 members	\$68,100
9 members	\$75,200
10 members	\$82,300
Income Guidelines are effective from 06/01/2020 to 05/31/2021	

Gross income is defined as money received BEFORE TAXES by **everyone in your household (adults and children)**, whether taxable or non-taxable, including, but not limited to: wages, salaries, interest, dividends, alimony and child support, grants, gifts, allowances, stipends, lottery winnings, inheritances, worker's compensation, unemployment and public assistance benefits, social security payments, pensions, rental income, income from self-employment, and cash payments from other sources, and all employment-related non-cash income.

Mail COPIES of proof that your household's total annual gross income meets the annual income limits with your completed and signed application.

INCOME-BASED TYPES OF PROOF (Copies Only)

- Front page only of prior year's state (540, 540A, 540 2EZ, 540NR, or 540X), federal (1040, 1040A, 1040EZ, 1040NR, 1040NR-EZ, 1040SS, or 1040X), or tribal tax return,
- Income statements or paycheck stubs for 3 consecutive months within the previous 12 months,
- Statement of benefits from Social Security, Veterans Administration, retirement/pension, Unemployment Compensation, Workers' Compensation, and/or a qualifying assistance program,
- Alimony and/or child support documents, and/or
- Other official documents.

PROGRAM-BASED TYPES OF PROOF (Copies Only)

- Identification card or number from a qualifying assistance program,
- Statement of benefits from Supplemental Security Income (SSI) and/or a qualifying assistance program,
- Notice of eligibility or decision letter of participation from a qualifying assistance program, and/or
- Other official documents.

PLEASE REMEMBER:

- a. DO NOT send us any cash, checks, or these guidelines.
- b. After being approved, if you believe you no longer qualify for the discounts or if your household is getting more than one discount by mistake, you must inform us or your phone company within 30 days.
- c. California LifeLine participation only lasts for 1 YEAR so you must renew annually.
- d. **MAIL ONLY COPIES** of Medical Certificate, Proof of Income and/or Proof of Program Participation. **DO NOT INCLUDE ORIGINAL DOCUMENTS BECAUSE THEY WILL NOT BE RETURNED TO YOU.**