

## CC Communications Lifeline Application

---

### Application for Lifeline

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program
- Only one Lifeline service is available per household
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses
- A household is not permitted to receive Lifeline benefits from multiple providers
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's (or "FCC") rules and will result in the subscriber's de-enrollment from the program
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

### How to apply: four steps

1. Choose whether you will apply because you participate in a qualifying program or because your total household income falls within the guidelines.
2. Fill out the form on the back. You must indicate your service address as well as your billing address (if not the same as your service address), as well as the last four digits of your SSN, and your date of birth.
3. You must provide photocopies of either the program or income documents.
4. You must sign the bottom of the application indicating that you are complying with the Lifeline benefit rules.

### Qualifying Methods

You may qualify for Lifeline either because you participate in one of the following programs or because your income is within the following guidelines. NOTE: You may receive Social Security and Medicare benefits, but to qualify for Lifeline, you must receive benefits from one of the following programs or your income must fall within the guidelines.

You MUST send photocopies of any qualifying documentation. NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION. Documentation includes a photocopy of a card or an award letter.

### Program Eligibility

Supplemental Nutrition Assistance Program (SNAP) ● National School Lunch (NSL) free lunch program ● Medicaid ● Supplemental Security Income (SSI) ● Federal Public Housing/Section 8 ● Temporary Assistance for Needy Families (TANF) ● Low-income Home Energy Assistance Program (LIHEAP)

**Tribal Lands Lifeline** If you live on a tribal land/reservation (as defined in Title 47—Code of Federal Regulations, Section 54.400(e)), you may qualify for Lifeline if you participate in one of the above programs or one of the following: ● Bureau of Indian Affairs General Assistance ● Tribally Administered Temporary Assistance for Needy Families (TANF) ● Food Distribution Program on Indian Reservations (FDPIR) ● Head Start (must meet income-qualifying standard)

### Income Eligibility

Annual Income 175% Thresholds Based on Household Size					
1	2	3	4	5	For each add'l person
\$19,548	\$26,478	\$33,408	\$40,338	\$47,628	+\$6,930/person

Documentation needed to qualify for Lifeline through income is noted on the reverse side.

**Call 1-775-423-7171 to inquire about Lifeline or send in the attached application.**

---

# CC Communications Lifeline Application

**When completed mail or fax to: CC Communications \* PO Box 1390 \* Fallon, NV 89407-1390 or  
FAX 775-423-0289**

Customer Name: \_\_\_\_\_

Customer Service Address: \_\_\_\_\_

Please indicate by checking this box if this is a temporary address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Customer Billing Address (if different from service address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Customer's Home Telephone Number: ( ) \_\_\_\_\_

Customer's Social Security Number (last four digits) or Tribal ID: \_\_\_\_\_

Customer's Date of Birth xx/xx/xxxx: \_\_\_\_\_

Month Day Year

**Please check which Lifeline program you qualify for:**  Regular Lifeline  Tribal Lands Lifeline

Please choose 1 OR 2.

1. I certify that I participate in at least one of the following programs (check all that apply) and I am providing a photocopy of a document that demonstrates my participation in one of these programs. NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

Supplemental Nutrition Assistance Program (SNAP)  Medicaid  Supplemental Security Income (SSI)

Low

Home School Energy Assistance Program (LHEAP)

Federal Public Housing/Section 8

Temporary Assistance for Needy Families (TANF)

**Additional programs for Tribal Lands residents:**  Bureau of Indian Affairs General Assistance  Tribally

Administered Temporary Assistance for Needy Families (TANF)

Resource Distribution Program or

(FDPIR)

Head Start (must meet income-qualifying standard)

**If the program beneficiary is not the customer but is someone in the customer's household, provide the name of the beneficiary:** \_\_\_\_\_

2. I certify that my total household income falls within the guidelines listed on Page 1 and I also certify that this is how many people live in my household (required): \_\_\_\_\_. I am providing a photocopy of the following qualifying documents:

<input type="checkbox"/> Prior year's state or federal tax return	<input type="checkbox"/> Retirement / pension statement of benefits
<input type="checkbox"/> Current income statement from an employer	<input type="checkbox"/> Unemployment/Workmen's Compensation statement of benefits
<input type="checkbox"/> Paycheck stubs for most recent 3 months	<input type="checkbox"/> Federal notice
<input type="checkbox"/> Social Security statement of benefits	<input type="checkbox"/> Veterans Administration Statement of Benefits
<input type="checkbox"/> Child Support document	<input type="checkbox"/> Other official document containing income information
<input type="checkbox"/> Divorce decree	

**I certify, under penalty of perjury, that (check or initial by each certification):**

\_\_\_ I meet the income

\_\_\_ -based or program- based eligibili

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

\_\_\_ If I move to a new address, I will provide that new address to CC Communications within 30 days.

\_\_\_ My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.

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

\_\_\_ I acknowledge that providing 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 re-certify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

\_\_\_ If I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, I live on Tribal lands.

\_\_\_ I hereby authorize CC Communications to release any of my information contained in this Lifeline Application required for the administration of the Lifeline program to the FCC or its designee, including the Universal Service Administrative Company, and to any state and federal agency or its designee, as required by law.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For CC Communications use only:

Type of document for program eligibility: \_\_\_\_\_

Type of document for income eligibility: \_\_\_\_\_