

생존자로서 온라인으로 라이프라인 프로그램 신청하기

가정폭력, 인신매매 또는 관련 범죄의 생존자인 경우 라이프라인 프로그램을 통해 생존자 혜택을 신청할 수 있습니다. 라이프라인은 전화나 인터넷 서비스의 월 비용을 낮추는 연방 프로그램입니다.

지원 대상 가구에는 최대 6개월 동안 생존자 혜택이 제공됩니다.

- 전화, 인터넷 또는 번들 서비스 이용 시 최대 월 9.25달러 또는
- 자격을 갖춘 부족 토지에 거주하는 경우 최대 월 34.25달러.

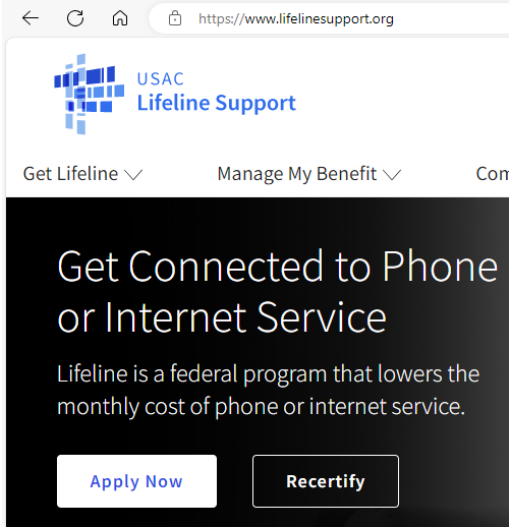
6개월 후에는 인터넷 또는 번들 서비스에 대해 최대 월 9.25달러, 전화(음성 전용) 서비스에 대해 최대 월 5.25달러 할인이 적용되는 표준 라이프라인 혜택을 신청할 수 있습니다.

다음에 해야 할 일

생존자로서 온라인으로 신청하려면 아래 단계를 따르세요. 일반적으로 완료하는 데 약 10분이 걸립니다. 전화선 분리 요청을 확인하는 문서를 제공해야 하며 자격 여부, 신원 또는 집 주소 증빙서류를 제출해야 할 수도 있습니다.

신청하는 동안 궁금한 사항이 있는 경우 동부 표준시 기준 오전 9시부터 오후 9시까지 이메일(LifelineSupport@usac.org) 또는 전화((800) 234-9473)로 라이프라인 지원 센터로 문의하시기 바랍니다.

	온라인으로 신청하려면 다음 단계를 따르세요.	수행할 단계
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1	모바일 기기나 데스크톱 컴퓨터에서 웹 브라우저를 탭하거나 클릭하세요. • 웹 주소 표시줄에 LifelineSupport.org를 입력하고 모바일 기기의 Go/Search(이동/검색) 또는 키보드의 Enter 키를 탭하세요. • 그리고 Apply Now(지금 신청)를 탭하거나 클릭하세요.	
2	신청을 시작하려면 생존자 자격을 얻는 방법을 탭하거나 클릭하세요.	Are you a survivor of domestic violence or human trafficking? We provide additional safeguards to protect your information during the application process. Learn more about how to qualify as a survivor.
3	안전 연결법에 대해 읽어보고 생존자로서 라이프라인 혜택을 신청할 때 무엇을 기대해야 할지 알아보세요. • 생존자로서 신청하고 전화선 분리 요청을 확인하는 문서를 제공하려면 Yes(예)를 탭하거나 클릭하세요. ◦ 전화선 분리 요청 증빙서류가 없는 경우, 라이프라인에 계속 신청하고 전화 회사에서 이메일, 문자 메시지 또는 편지를 받으면 생존자로 재신청할 수 있습니다. • Continue(계속)를 탭하거나 클릭하세요.	Apply as a Survivor The Safe Connections Act of 2022 for qualifying survivors ② What to expect as a survivor: • You will be able to select how you want us to reach out to you – either by mail or email. To avoid an abuser seeing your data, we will not send communications that reveal critical information such as your address. • You will need to provide documentation verifying your line separation request. ② • Only a limited group of designated personnel will have access to your information. • The survivor benefit period lasts for 6 months if you qualify. Would you like to apply under this survivor status? ☐ Yes, I'm a survivor and can provide official line separation request documentation. ☐ No, I do not want to apply as a survivor and would like to continue with my application under the Lifeline program's typical requirements. Continue

4	사회보장카드나 주민등록증 등 공식 문서에 표시된 대로 성과 이름을 입력하세요.	What is your full legal name? The name you use on official documents, like your Social Security Card or State ID. Not a nickname. First Name Middle Name (Optional) Last Name(s) If you have multiple last names put them all into the box below.
5	생년월일을 입력하세요. - 월을 입력하세요. - 일을 입력하세요. - 연도를 입력하세요.	What is your date of birth? Month Day Year MM DD YYYY
6	사회보장번호의 마지막 네 자리로 신원을 확인하시겠습니까? - 그렇다면 사회보장번호의 마지막 네 자리를 입력하세요. - 아니요인 경우, 원주민 ID 번호 옵션을 선택하고 원주민 식별 번호를 입력하세요.	How do you want us to check your identity? We'll use this information to see if you're eligible. It won't affect your credit status. ☒ Social Security Number (SSN) This is the fastest option if you know the last 4 digits of your SSN. Enter last 4 digits of your SSN XXX - XX - This is required if you're applying for Lifeline. ☐ Number on Tribal ID Look for this number on your card or documentation.
7	집 주소를 입력하세요. - 사서함이어서는 안 됩니다. - 이는 지난 6개월 동안의 주소일 수 있습니다. 현재 주소일 필요는 없습니다.	What is your home address? The address where you will get service. Do not use a P.O. Box. You will be able to add a mailing address later. Street Number and Name Apt, Unit, etc. 123 Street Road City State Zip Code Your City or Town Choose ▼ 00000

8	자녀나 부양가족을 통해 라이프라인 혜택을 받을 자격이 있습니까? - 아니요인 경우, Next(다음)를 탭하거나 클릭하세요. - 계속하려면 9단계로 이동하세요. - 그렇다면 예를 탭하거나 클릭한 후, 다음을 선택하세요. - 자녀나 부양가족을 통해 자격을 갖춘 경우 8a 단계로 이동하세요.	Do you qualify for Lifeline or the Affordable Connectivity Benefit through your child or a dependent? If you do not qualify on your own, you can sign up for Lifeline or the Affordable Connectivity Benefit through your child or dependent if they participate in any of the qualifying programs. ☒ No, I qualify by myself. ☐ Yes, I qualify through my child or dependent. Next
8a	자녀 또는 피부양자의 정보를 입력하세요. 다음을 수행해야 합니다. - 성과 이름을 입력하세요. - 생년월일을 입력하세요. - 사회보장번호의 마지막 4자리 또는 부족 ID 번호를 사용하여 신원을 확인하세요. Next(다음)를 탭하거나 클릭하세요. - 계속하려면 9단계로 이동하세요.	What is their full legal name? The name you use on official documents, like your Social Security Card or State ID. Not a nickname. First Name Middle Name (Optional) Last Name(s) If they have multiple last names put them all into the box below. What is their date of birth? Month Day Year How do you want us to check their identity? We'll use this information to see if they're eligible. It won't affect their credit status. ☒ Social Security Number (SSN) This is the fastest option if you know the last 4 digits of their SSN. Enter last 4 digits of their SSN XXX - XX -

		☐ Number on Tribal ID Look for this number on their card or documentation. Back Next
9	귀하의 정보를 저장하고 신청을 계속하려면 계정을 만드세요. • 사용자 이름을 입력하세요. 이메일 주소 또는 고유 ID일 수 있습니다. • 문자, 숫자, 기호를 혼합하여 비밀번호를 입력하세요. • 동일한 비밀번호를 다시 입력하세요.	Choose your username. Choose something you can easily remember like your email address or your name in some form. Save this information somewhere secure because you will need to use it again. Username Choose your password. Make sure it is something you can remember. Save this information somewhere secure because you will need to use it again. Password Requirements ① At least 8 characters long ① At least 1 capital letter ① At least 1 number (0-9) ① At least 1 special character (!@#\$%^&*) ① No restricted phrases ? Password ☐ Show Password Confirm Password Type the same password again. ☐ Show Password
10	원하시는 연락 방법을 알려주세요. • Email(이메일) 또는 Mail(우편)을 탭하거나 클릭하세요. ○ 신청에 대한 알림은 귀하가 선택한 옵션으로 전송됩니다.	What is your preferred way to be contacted? We will send you information about your Lifeline application and benefits to the location you select. ☐ Email ☐ Mail

11	연락처 정보를 입력하세요. - 이메일 주소를 입력하세요. - 전화번호를 입력하세요 (선택 사항). - 우편 주소가 집 주소와 다른 경우 확인란을 탭하거나 클릭하여 우편 주소를 입력하세요. ○ 사서함일 수 있습니다.	Your Contact Information What is your email address? We will use your email to send you important reminders and information about your application and enrollment. example@email.com ☐ I want to provide an alternate email. What is your phone number? (Optional) () - By providing a phone number, you consent to letting USAC contact you at that phone number via artificial or prerecorded voice message or text for important reminders and updates about your Lifeline or ACP benefit. For text messages, message and data rates may apply. Text STOP to end messages. Do you want to provide a mailing address? ☐ Yes, my mailing address is different than home address
12	선호하는 언어를 알려주세요 (선택 사항). 영어, 스페인어 또는 모두를 탭하거나 클릭하세요.	What is your preferred language? (Optional) We will send outreach to you about your Lifeline or ACP benefit in the language(s) you select. You may select more than one language. ☐ English ☐ Español ☐ Both
13	이용약관을 확인하세요. - 확인란을 탭하거나 클릭하여 동의하세요. Submit(제출)을 탭하거나 클릭하세요.	Terms & Conditions ☐ By checking this box, I accept the terms and conditions of the National Verifier system. Back Submit
14	신청서 작성을 계속하려면 라이프라인 신청 시작 을 탭하거나 클릭하세요.	My Applications Here are all your applications from the last 180 days. You can start a new application when your last one expires. Return to Application Start Lifeline Application

15	귀하의 자격을 알려주세요. - 해당되는 모든 항목 옆에 있는 확인란을 탭하거나 클릭하세요. Next(다음)를 탭하거나 클릭하세요.	Confirm your program participation Which of the following programs do you participate in? Check all that apply. ☐ SNAP (Supplemental Nutrition Assistance Program) or Food Stamps ? ☐ Medicaid ☐ Supplemental Security Income (SSI) ☐ Federal Housing Assistance ? ☐ Veterans Pension and Survivors Benefit Programs ☐ Tribal Specific Program (only choose if you live on Tribal lands) ☐ FEMA's Individuals and Households Program (IHP) ? ☐ I don't think I participate in any of these programs, show me more programs available to me as a survivor. ☐ I don't think I participate in any of these programs, I may qualify through my income. ☐ I don't participate in any of these, but I have a child or dependent who may. ? Back Next
16	정보를 검토하세요. - 정보를 수정해야 하는 경우  편집 을 탭하거나 클릭하여 업데이트하세요. - 동의서를 검토한 후 귀하의 정보를 사용하여 자격 여부를 확인할 수 있도록 하려면 확인란을 탭하거나 클릭하세요. 제출 을 탭하거나 클릭하세요. - 정보를 확인하는 데 몇 분이 걸릴 수 있습니다.	Review Your Information Before we check if you qualify for Lifeline, make sure your information is right. Double check the information below. Full Legal Name: Test John Edit Date of Birth: January 01, 1980 Last 4 Numbers of SSN: 3333 The information you gave us will be used to check if you qualify for Lifeline. Please confirm that it is okay. ☐ By checking this box you are consenting that all of the information you are providing may be collected, used, shared, and retained for the purposes of applying for and/or receiving Lifeline. Back Submit

17	귀하가 공유해야 하는 추가 정보가 무엇인지 즉시 알 수 있습니다. • Next(다음)를 탭하거나 클릭하여 Show You Qualify(자격 증명) 섹션으로 이동하세요.	We need more information to see if you qualify A few things happened: ▪ We couldn't confirm your eligibility; please attach a photo of a document that shows you (or your child or dependent) participate in a government assistance program or your income. ▪ We couldn't confirm your eligibility; please attach a photo of a document that shows confirmation of your line separation request. What to do next You need to provide additional information in order to qualify for the Lifeline program. Next
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자격 증명

이 섹션에서는 전화선 분리 요청 증빙서류를 공유하려면 어떻게 해야 하는지와 자격, 신원 또는 주소 증빙서류를 요청받는 경우 어떻게 해야 하는지를 보여줍니다. 자세한 내용은 Acceptable Documentation Guide(사용 가능한 문서 가이드)([영어](#), [스페인어](#))에서 확인할 수 있습니다.

제시해야 하는 경우 수행할 작업	수행할 단계
주소 증빙서류 지도에서 거주지를 찾아 주소를 확인하도록 요청받을 수 있습니다. 당신이 사는 곳을 알려주세요. • 지도를 탭하거나 클릭하여 핀을 주소로 이동하거나 (+) 버튼을 사용하여 확대하세요. • 지도에서 주소를 찾으면 핀을 탭하거나 클릭하세요. • Next(다음)를 탭하거나 클릭하세요.	Find your address on the map below We couldn't find your address, please show us where you live on the map. How to find your address on the map To show us where you live, click on the map to move the pin to your address. The pin will automatically fill in the longitude and latitude coordinates of your address.  To move the map, click on the map, hold down, and move it until you find your area.  Click on the zoom buttons to zoom in and out.  When you find where you live on the map, click the spot on the map to place the pin.  To move the pin, click a new spot on the map.  Latitude Longitude Back Next

귀하의 가구 증빙서류

귀하의 가구가 라이프라인 혜택을 받을 자격이 있는지 확인 요청을 받을 수도 있습니다.

혜택은 가구당 한 달에 한 번만 받을 수 있습니다. 가구란 서로 관련이 없더라도 함께 살고 돈을 공유하는 사람들의 집단입니다.

- 질문에 답하세요.
- **Next**(다음)를 탭하거나 클릭하세요.

Someone at Your Address Already Gets Lifeline or the Affordable Connectivity Benefit

We need more information to determine whether you qualify for Lifeline or the Affordable Connectivity Benefit.

Do you share money (income and expenses) with another adult who gets Lifeline or the Affordable Connectivity Benefit?

This can be the cost of bills, food, etc., and income. If your spouse receives Lifeline or the Affordable Connectivity Benefit, please answer "yes" to this question.

☐ Yes ☐ No

Note: Select "no" if you do not share money (income and expenses) with another adult who already participates in the program(s) you are applying for. (Example: if you are only seeking to receive the Affordable Connectivity Benefit, and you are sharing income/expenses with another adult who already receives Lifeline, select "no")

You will have until 9/21/2024 to complete this section so we can determine whether you qualify for Lifeline or the Affordable Connectivity Benefit. If you do not complete this by then, you will need to come back to this site and fill this form out again.

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사회보장번호 증빙서류

사회보장번호를 확인하기 위해 문서를 공유하라는 요청을 받을 수도 있습니다.

- 다음이 포함된 문서를 공유하세요.
 1. 성과 이름,
 2. 사회보장번호의 마지막 네 자리 숫자.
- **Take a photo**(사진 찍기) 또는 **Choose a file**(파일 선택)을 탭하거나 클릭하여 사진 또는 문서 사본을 첨부하세요.
- **Next**(다음)를 탭하거나 클릭하세요.

Share proof of your Social Security number (SSN)

Your document must include:

- Your first and last name:
Test John
- The last four digits of your Social Security number:
xxx-xx-3333

Here are common examples:

- A Social Security Card
- A Social Security Benefit Statement (SSA-1099)
- A W-2 from the last 2 years
- A prior year's state, federal, or Tribal tax return

How to add your photo or scanned copy

Please attach a picture or scanned copy of your document. Files must be less than 10 MB and one of the following file types: jpg, jpeg, png, pdf, or gif.

- Make sure your image is not blurry
- Make sure your document is not cut off and we can see all four sides
- Make sure you have good lighting

Choose a file

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원주민 ID 번호 증빙서류

원주민 ID 번호를 확인하기 위해 문서를 공유하라는 요청을 받을 수도 있습니다.

- 다음이 포함된 문서를 공유하세요.
 1. 성과 이름,
 2. 원주민 ID 번호.
- **Take a photo**(사진 찍기) 또는 **Choose a file**(파일 선택)을 탭하거나 클릭하여 사진 또는 문서 사본을 첨부하세요.
- **Next**(다음)를 탭하거나 클릭하세요.

Share proof of your Tribal ID Number

Your document must include:

- Your first and last name:
Test John
- Your Tribal ID Number:
333333

Here are common examples:

- A Tribal ID card
- An official certificate or letter from your tribe's enrollment office
- A Certificate of Degree of Indian Blood (CDIB)

Common mistakes:

- Some CDIB cards do not include the required information. If yours does not, then it will not be accepted.

How to add your photo or scanned copy

Please attach a picture or scanned copy of your document. Files must be less than 10 MB and one of the following file types: jpg, jpeg, png, pdf, or gif.

- Make sure your image is not blurry
- Make sure your document is not cut off and we can see all four sides
- Make sure you have good lighting

Choose file

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생년월일 증빙서류

생년월일을 확인하기 위해 문서를 공유하라는 요청을 받을 수도 있습니다.

- 다음이 포함된 문서를 공유하세요.
 1. 성과 이름,
 2. 생년월일.
- **Take a photo**(사진 찍기) 또는 **Choose a file**(파일 선택)을 탭하거나 클릭하여 사진 또는 문서 사본을 첨부하세요.
- **Next**(다음)를 탭하거나 클릭하세요.

Share proof of your date of birth

Your document must include:

- Your first and last name:
Test John
- Your date of birth:
1/01/1980

Here are common examples:

- A Driver's license that is not expired
- A Passport that is not expired
- A birth certificate
- A U.S. government, military, state or Tribal issued ID that includes your date of birth and is not expired
- A Certificate of Naturalization, Certificate of U.S. Citizenship, or Consular Matricular ID

How to add your photo or scanned copy

Please attach a picture or scanned copy of your document. Files must be less than 10 MB and one of the following file types: jpg, jpeg, png, pdf, or gif.

- Make sure your image is not blurry
- Make sure your document is not cut off and we can see all four sides
- Make sure you have good lighting

Choose a file

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생존 증빙서류

귀하가 살아있음을 확인하기 위해 문서를 공유하라는 요청을 받을 수도 있습니다.

- 다음이 포함된 문서를 공유하세요.
 1. 성과 이름,
 2. 발행일이 최근 3개월 이내여야 합니다.
- **Take a photo**(사진 찍기) 또는 **Choose a file**(파일 선택)을 탭하거나 클릭하여 사진 또는 문서 사본을 첨부하세요.
- **Next**(다음)를 탭하거나 클릭하세요.

Share proof of life

Your document must include:

- Your first and last name:
Test John
- An issue date within the last three months

Here are common examples:

- A current utility bill
- A paystub
- A mortgage or lease statement
- A retirement or pension statement of benefits
- A notarized letter that confirms your identity and that you are alive

How to add your photo or scanned copy

Please attach a picture or scanned copy of your document. Files must be less than 10 MB and one of the following file types: jpg, jpeg, png, pdf, or gif.

- Make sure your image is not blurry
- Make sure your document is not cut off and we can see all four sides
- Make sure you have good lighting

Choose file

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자격 증빙서류

귀하의 자격을 입증하는 서류(소득이나 정부 프로그램 참여 등)를 공유해 달라는 요청을 받을 수도 있습니다.

- 자격을 취득할 방법을 선택하세요.
- **Next**(다음)를 탭하거나 클릭하세요.

Share more information to see if you qualify

With your help, we can confirm you qualify in a few more steps.

Do you have a document that shows your income?

- ☒ Yes. I have a document such as pay stubs, last year's tax return, or a social security statement.
- ☐ No. But I have a document that shows I (or my child or dependent) participate in a program such as SNAP or Medicaid.

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소득 증빙서류

소득 증빙서류를 제시하려면 다음과 같이 하세요.

- 귀하의 가구에 몇 명이 살고 있는지 알려주세요.
- 귀하의 연봉이 표시된 금액과 같거나 그 이하인지 확인하세요.
- 다음이 포함된 문서를 공유하세요.
 1. 귀하의 이름 또는 부양가족의 이름,
 2. 귀하의 연간 소득,
 3. 발행일이 최근 12개월 이내입니다.

Share more information to see if you qualify based on income

You may qualify if your annual income meets certain requirements.

How many people live in your household? ⓘ

Number of people in my household:

1

Is your annual income at or below \$20,331? ⓘ

- ☐ Yes
- ☐ No. But I have a document that shows I (or my child or dependent) participate in a program such as SNAP or Medicaid.

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프로그램 참여 증빙서류

프로그램 참여 증빙서류를 제시하려면 다음과 같이 하세요.

- 어떤 프로그램에 참여하는지 알려주세요.
- 다음에 포함된 문서를 공유하세요.
 - 귀하의 이름 또는 부양가족의 이름,
 - 프로그램의 이름,
 - 문서를 발행한 정부, 원주민 단체 또는 프로그램 관리자의 이름,
 - 최근 12개월 이내의 발행일 또는 미래의 만료일.

Share proof of your program participation

Which program do you, your child or dependent take part in?

You must provide proof of participation for the program you choose.

- ☐ SNAP (Supplemental Nutrition Assistance Program) or Food Stamps ^①
- ☐ Medicaid
- ☐ Supplemental Security Income (SSI)
- ☐ Federal Housing Assistance ^①
- ☐ Veterans Pension and Survivors Benefit Programs
- ☐ Tribal Specific Program (only choose if you live on Tribal lands)
- ☐ FEMA's Individuals and Households Program (IHP) ^①
- ☐ I don't think I (or my child or dependent) participate in any of these programs. Show me more programs available to **survivors**.
- ☐ I don't think I (or my child or dependent) participate in any of these programs, but I may qualify through my **income**.

You will have until 12/31/2024 to provide more documents so we can determine whether you qualify for Lifeline. If we don't receive this information by then, you will need to come back to this site and fill this form out again.

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전화선 분리 요청 증빙서류

전화선 분리 요청 증빙서류를 제시하려면 다음과 같이 하세요.

- Yes(예)**를 탭하거나 클릭하여 전화선 분리 요청 문서가 있는지 확인하세요.
- Next(다음)**를 탭하거나 클릭하세요.
- 다음에 포함된 문서를 공유하세요.
 - 성과 이름,
 - 지난 12개월 이내의 발행일
 - 전화 회사 이름.
- Take a photo(사진 찍기)** 또는 **Choose a file(파일 선택)**을 탭하거나 클릭하여 사진 또는 문서 사본을 첨부하세요.
- 각각의 진술 내용을 읽고 이니셜을 기입하세요.
- 다음**을 탭하거나 클릭하세요.

Share proof of your line separation request if applying as a survivor

Do you have confirmation of your line separation request? ^①

When you call your phone company to separate a line, they will provide confirmation of your request.

- ☐ **Yes, I can provide documentation for my line separation request**
Select this option to apply for the survivor benefit. You must have confirmation of a legitimate line separation request from your phone company, or be able to get one to qualify.
- ☐ **No, I can't provide documentation for a line separation request**
You may still qualify for the standard Lifeline benefit. In the future if you want the survivor benefit, you will need to submit a new application.

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Share proof of your line separation request

When applying for Lifeline, we will need proof that you asked your phone company to separate a phone line that you shared with an abuser.
The phone company's documentation will confirm that you made the request.

Your document must include

1. Your name
2. A date within the last 12 months
3. The name of your phone company

Here are common examples

- An email
- A text message
- A letter

How to add your photo or scanned copy

Please attach a picture or scanned copy of your document. Files must be less than 10 MB and one of the following file types: jpg, jpeg, png, pdf, or gif.

- Make sure your image is not blurry
- Make sure your document is not cut off and we can see all four sides
- Make sure you have good lighting

[Take a photo](#)

Type your initials below to certify

Initial

I certify that I have received documentation from my service provider that I submitted a legitimate line separation request, and I am submitting my application with evidence of that documentation.

Initial

I understand that by qualifying for Lifeline through the Safe Connections Act (SCA), I am eligible for the benefit for 6 months. I understand that once the 6 month benefit period is over, I may qualify for Lifeline through participation in another qualifying program or by confirming my initial income is at or below 135% of the Federal Poverty Guidelines.

[What if I don't have proof that I received a line separation?](#)



[How can I edit my information?](#)



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마지막 단계는 신청서를 확인하고 서명하는 것입니다.

- 각각의 진술 내용을 읽고 이니셜을 기입하세요.
- 성과 이름을 입력하세요.
- 확인란을 탭하거나 클릭하여 이 서명이 디지털 서명이라는 것을 이해했음을 확인하세요.
- **Submit**(제출)을 탭하거나 클릭하세요.

I agree, under penalty of perjury, to the following statements:

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 all of the information I provide on this form may be collected, used, shared, and retained for the purposes of applying for and/or receiving the Lifeline Program benefit. I understand that if this information is not provided to the Lifeline Program Administrator, I will not be able to get Lifeline benefits. If the laws of my state or Tribal government require it, I agree that the state or Tribal government may share information about my benefits for a qualifying program with the Lifeline Program Administrator. The information shared by the state or Tribal government will be used only to help find out if I can get a Lifeline Program benefit.

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 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 If I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, I live on Tribal lands, as defined in 54.400(e) of the Lifeline rules. [?](#)

Your Signature

Type your full legal name below

Test John

☐ I understand this is a digital signature, and is the same as if I signed my name with a pen.

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[Submit](#)

신청서를 제출했습니다!

- 검토가 완료되면 (이메일이나 우편으로) 연락드려서 다음에 무엇을 해야 할지 안내해드리겠습니다.

We are reviewing your documents

It generally takes about 15 minutes, but could be up to 2 days.

We'll email you when our review is complete. You can check the status of your application at any time on your [account homepage](#).

신청이 승인되면 다음 단계를 진행해야 합니다.

- [참여하는 전화 또는 인터넷 회사에 연락하여](#) 생존자 혜택을 받으세요.
- 마감일까지 등록하지 않으면 다시 신청해야 합니다.

Contact a phone or internet company to get your benefit

You're approved to get your survivor benefit through the Lifeline program. **Sign up by November 11, 2024.**

What to do next

If you already have service

Contact your phone or internet company and say, "I have been approved for the survivor benefit through the Lifeline program and would like to apply it to my service."

If you don't currently have service

[Find a phone or internet company](#) that can provide service to your address and say, "I have been approved for the survivor benefit through the Lifeline program and would like to sign up for service."

Application ID:
Q50037-91275

Do you live on Tribal lands?

+

Need to find an internet company near you?

+

What happens at the end of the survivor benefit period or if I need to transfer phone or internet companies?

+

Does my state offer additional Lifeline benefits?

+