



Lifeline Program Application Form

Enclosed please find the Lifeline Program Application Form you recently requested.

Please remember to do the following:

1. Complete and return ALL pages of Application Form
2. Select all applicable government programs or income eligibility criteria in Section 3
3. Submit a **photocopy** of the corresponding supporting documents based on your selection(s)

Your Application Form will not be processed without a date, signature, date of birth, and the last 4 digits of your Social Security Number (or Tribal ID).

North Dakota Tribal applicants only: Please bring or mail your completed Application Form and a **photocopy** of the corresponding supporting document(s) to: **AT&T Store, 1201 Todd Duchame Dr, Belcourt, ND 58316.**

If you have any questions or need further assistance, please call 800.377.9450.

Sincerely,

AT&T Lifeline Services

Enclosures

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Lifeline Program Application Form



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

You will need to show your phone or internet company an official document from one of the government qualifying programs or prove your annual income. Please provide copies of your official documents with this application. Include the documents in option 1 or option 2 below:

1. If you qualify through a government program: copies of your state ID card and an official document from the program you are qualifying through (your SNAP card, Medicaid card, Supplemental Security Income (SSI) benefit letter, Federal Public Housing Assistance (FPHA) award letter, or other accepted documents).
2. If you qualify through your income: copies of your state ID card and your last state, federal, or Tribal tax return, pay stubs for 3 consecutive months, or other accepted documents. Visit lifelinesupport.org to see the full list of accepted documents.

Visit lifelinesupport.org to see the full list of accepted documents.

Apply

To apply for a Lifeline benefit, fill out the required sections of this form, initial every agreement statement, and sign on page 6.

To apply, bring or mail this form to your phone or internet company.

AT&T Lifeline Services
1201 Todd Duchame Dr
Belcourt, ND 58316

Lifeline Program Application Form



2. Your Information

All fields are required unless indicated. Use only CAPITALIZED LETTERS and black ink to fill out this form.

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

--	--

Middle (optional) Suffix (optional)

--

Last

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

--	--	--	--	--	--	--	--	--

Month Day Year

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

What are the last 4 numbers of your Social Security Number (SSN)? [] [] [] []

If you do not have a SSN, what is your Tribal Identification Number?

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What is the best way to reach you?

email
 phone
 text message
 mail



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Lifeline Program Application Form



2. Your Information (continued)

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?

First

Middle (optional)

Suffix (optional)

Last

What is their date of birth?

Month Day Year

What are the last 4 numbers of their Social Security Number (SSN)?

If they do not have a SSN, what is their Tribal Identification Number?



ND3009999999999999194

Lifeline Program Application Form



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	\$16,389	\$20,493	\$18,846	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2	\$22,221	\$27,783	\$25,555.50	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3	\$28,053	\$35,073	\$32,265	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4	\$33,885	\$42,363	\$38,974.50	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5	\$39,717	\$49,653	\$45,684	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 6	\$45,549	\$56,943	\$52,393.50	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7	\$51,381	\$64,233	\$59,103	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 8	\$57,213	\$71,523	\$65,812.50	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> If more than 8, add this amount for each extra person:	Add \$5,832	Add \$7,290	Add \$6,709.50	<input type="checkbox"/>	<input type="checkbox"/>

135% of the 2018 Federal Poverty Guidelines
*The Federal Poverty Guidelines are typically updated at the end of January.



ND3009999999999999195

Lifeline Program Application Form



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.

I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service. Message and data rates may apply. Text STOP to end messages.

Signature	Today's Date
<input type="text"/>	<input type="text"/>



ND3009999999999999196

Lifeline Program Application Form



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

Middle (optional)

Suffix (optional)

Last

What is the agent's ID number?

What is the agent's date of birth?

Month Day Year



ND300999999999999197

Lifeline Program Application Form



Notice

PAPERWORK REDUCTION ACT NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. 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.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, between 0.25 and 0.75 hours. Our estimate includes the time to read the questions, look through existing records, gather the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PERM, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request on this form. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your response may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

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.



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Lifeline Assistance Application – North Dakota Tribal

Lifeline contract rider

This is an agreement ("Agreement") between you (the "Client") and the entity that owns or leases a Federal Communications Commission license to provide wireless radio and other services ("Service") in the area associated with your assigned account ("Account") that is doing business as AT&T ("AT&T" or the "Company"). AT&T Lifeline service (the "Program") is subject to the rates, terms and conditions in the Terms of Service and AT&T Calling Plan, Service Plan or Rate Plan ("Rate Plan") brochure and this rider, in any applicable feature or promotional materials not inconsistent with this contract rider, and/or at att.com (collectively, "Sales Information"). Notwithstanding the rates, terms and conditions set forth in the foregoing documents, the Company's provision of Lifeline service are subject to the additional rates, terms and conditions set forth in this Contract Rider. In the event of any conflict between this Contract Rider and the rates, terms and conditions of the Terms of Service, Rate Plan brochure or Sales Information, the provisions of this Contract Rider shall prevail.

1. The Program is only available in areas where the Company has been designated as an Eligible Telecommunications Carrier ("ETC"). Your principal residence address must be within an AT&T ETC Service Area. To be eligible for the Program, you must meet the applicable eligibility standards in effect at the time of application. The name on the phone bill must match the name of the customer who is eligible for the Program.
2. You are responsible for notifying AT&T when you no longer meet the applicable eligibility standards for the Program within thirty (30) days of becoming aware of such ineligibility. In the event AT&T determines that you are no longer eligible for the Program, the Company will notify you that the Lifeline subsidy will be discontinued after thirty (30) days of such notice, unless the Client notifies the Company that an error has been made and submits evidence that he or she still complies with the Program's requirements. If at the end of that thirty (30) day period the Client has not yet submitted evidence of compliance with the Program's requirements, the Company shall suspend the Lifeline subsidy. The thirty (30) day period shall not be applicable if the Client notifies AT&T that he or she does not comply with the Program's requirements.
3. By completing the Lifeline Application, you consent to the release of your customer information (including financial information) pursuant to the administration of this Program. This consent survives the termination of this Agreement.
4. Completion of the Lifeline Application does not constitute immediate enrollment in the Program. The Company reserves the right to review customer eligibility status at any time. If you lose your eligibility for this Program, we may change your Rate Plan to the most favorable Rate Plan for which you are eligible without prior notice to you. If you misrepresent your eligibility for this Program, you agree to pay us the additional amount you would have been charged under the most favorable Rate Plan for which you are eligible.
5. Program assistance is applied as a credit against your monthly bill and is limited to the amount of federal and/or state universal service support available to the service area for which the Company has been designated as ETC. These amounts will be reflected on your bill and may be changed from time to time without prior notice to you. The amount of the credit may not exceed the charge for Service.
6. You may only receive Lifeline support for a single eligible telecommunications service, be it wireline or wireless, per household. If you or any member of your household receives Lifeline subsidies from any other Lifeline Provider, you cannot obtain Lifeline service from AT&T until you (or any member of your household) cease to receive Lifeline service from any other provider or you transfer your Lifeline benefit to your AT&T service.
7. You are responsible for the cost of a compatible wireless phone to receive Service. Lifeline assistance may not be applied to offset the cost of customer equipment.
8. You will not be assessed for federal or state universal service fees or the Regulatory Cost Recovery Fee. You are responsible for the payment of any other applicable taxes, fees, surcharges or assessments relating to the Service, which will be billed by the Company.
9. Outgoing international long distance calling is prohibited. International roaming is prohibited.
10. The Company may block outgoing long distance calls in cases of non-payment. Non-authorized manipulation, modification, adjustment, or repair made to the Client's equipment to allow the making of long distance calls or any other kind of calls not included in the Calling Plan shall constitute a violation of this Agreement and the Service may be terminated.
11. Minutes included in the Calling Plan may not be rolled over and shall be used on AT&T's network. Roaming outside of the AT&T Nationwide calling area is not permitted.

AT&T handset required on Lifeline plans. Please review your coverage map for areas included or excluded in your plan. Map depicts an approximation of outdoor coverage. Map may include areas served by unaffiliated carriers and may depict their licensed area rather than an approximation of the coverage there. Actual coverage area may differ substantially from the graphics shown in the map, and coverage may be affected by such things as terrain, weather, foliage, buildings and other construction, signal strength, customer equipment and other factors. AT&T does not guarantee coverage. Charges will be based on the location of the site receiving and transmitting the call, not the location of the subscriber. Future coverage is based on current planning assumption but is subject to change and has not yet been confirmed.

These are government programs that help people who comply with certain criteria to pay for their telecommunication services and related fees. AT&T is offering these programs in limited locations. To determine if Lifeline is available from AT&T at your principal residence, please contact our Lifeline Customer Service Representative at 800.377.9450. Terms and Conditions: Lifeline is subject to the terms and conditions found in the Terms of Service, Rate Plan, Sales Information and Lifeline Contract. © 2018 AT&T Intellectual Property. All rights reserved. AT&T and Globe logo are registered trademarks of AT&T Intellectual Property. All other marks are the property of their respective owners.



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