



Lifeline Phone/Account Number: (907) \_\_\_\_\_ Customer Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street Address (Not PO Box), Location Description, or Demark-NID-Protector# City State ZIP

**Important Legal Notice:**

Lifeline is a government program that provides a monthly discount on home, mobile or broadband internet services. **Only ONE Lifeline discount is allowed per household.** Members of a household are not permitted to receive Lifeline service from one or more telephone companies. Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or, being barred from the program.

**Definition of Household for Lifeline Purposes:** Your household is everyone who lives together at your address as one economic unit (including children and people who are not related to you). The adults you live with are part of your economic unit if they contribute to and share in the income and expenses of the household.

An adult is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). All adults living together and contributing to and sharing in the income or expenses of the household, whether spouses, domestic partners related or unrelated, are part of the same household. Household expenses include food, health care expenses (such as medical bills), and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, Alaska PFD, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

To determine your household status, you must complete this Lifeline Household Worksheet and return it with your Lifeline application.

**Other Lifeline Service:** Do you have Lifeline Service with another telephone provider?

Yes  No

If you checked **Yes**, you are **ineligible for Lifeline** because a household may not receive Lifeline benefits from multiple providers. Please sign, date and return this worksheet.

If you checked **No**, please **continue to the next section.**

**Household Information:**

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline Program discounted phone? (check No if you do not have a spouse or partner)

Yes  No

If you checked **Yes**, you are **ineligible for Lifeline** because someone in your household already receives Lifeline. **Only ONE Lifeline discount is allowed per household.** Please sign, date and return this worksheet.

If you checked **No**, please answer question #2.

2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) who live with you at your address, already receive Lifeline-discounted service? (Other adults may include parents, adult children, siblings, aunts or uncles, or adult roommates)

Yes  No

If you checked **Yes**, please answer question #3

If you checked **No**, you do not need to answer the remaining questions. Please **initial Line B** in the certification section, and sign, date and return this worksheet.

3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults referenced in question #2?

Yes  No

If you checked **Yes**, then your address includes only **one household.** Please provide identifying information below for any adults for whom you checked yes. You may not sign up for Lifeline if another adult in your household already receives Lifeline.

If you checked **No**, then your address includes **more than one household** but you are an **Independent Economic Household.** Please **initial Lines A and B** below, and sign, date and return this worksheet.

4. Please list the name, birth date or year of birth (if known) and last four digits of the Social Security Number (if known) for any adult at your home address with whom you share living expenses and income. If you need more room, please write on the back of this form.

Name	Birth Date	Last 4 of Social Security #	Name	Birth Date	Last 4 of Social Security #

**Certification:** Please initial the certifications below as applicable (see above); sign and date this worksheet, and return to UUI with your Lifeline Application.

- A. I certify that I live at an address occupied by multiple households. \_\_\_\_\_ (initial)
- B. I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government. \_\_\_\_\_ (initial)

**BY SIGNING BELOW, I CERTIFY ALL THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE SUBJECT TO THE PENALTY OF PERJURY.**

\_\_\_\_\_  
CUSTOMER SIGNATURE DATE