

Oregon Lifeline Application

Oregon Public Utility Commission
 PO Box 1088, Salem, OR 97308-1088
 800-848-4442 or 503-373-7171
 TTY: 800-648-3458
 Videophone: 971-239-5845
 Fax: 877-567-1977 or 503-378-6047
 Email: puc.rspf@state.or.us

You may complete an Oregon Lifeline
 Application online at:
www.oregon.lifeline.gov

The Oregon Public Utility Commission (PUC) manages the Oregon Lifeline program.
 If you qualify, this federal and state government assistance program may reduce your landline,
 wireless, or broadband bill up to \$12.75.

1

Complete Sections 1, 2a or 2b, and 3

Applicant's Legal Name (<i>Last, First, M.I.</i>) (Applicant's legal name MUST be on phone bill/account)				
Applicant's Social Security No. - - -			Applicant's Birth Date / /	
Applicant's Home Address <i>Is this address temporary?</i> Yes No			Apt. #	
City	State Oregon		Zip	
Applicant's Mailing Address (if different from home address)				Apt. #
City	State Oregon		Zip	
Applicant's Company (listed below)			Applicant's Phone/Account Number () -	

If you are unable to provide the above information, please contact us for assistance.

Companies that participate with Lifeline

Asotin	ComSpan	Helix	Oregon Tel. Corp.	Scio Mutual
AT&T Mobility* in select areas	DirectLink	Home	Oregon/Idaho	Snake River PCS
Beaver Creek	Douglas Fast Net	Molalla	People's	St. Paul
CenturyLink	Eagle	Monitor	Pine Telephone	Stayton Co.
Clear Creek	Frontier	Monroe	Pioneer	US Cellular
Colton	Gervais/ DataVision Co-Op	Nehalem	Reliance Connects	Warm Springs
		North State	Roome Tel Com	

*AT&T Mobility only offers the Oregon Lifeline benefit in select areas.

Call 1-800-377-9450 to determine if AT&T offers the Oregon Lifeline benefit in your coverage area.

PLEASE CONTINUE TO PAGE 2

2a

PROGRAM-BASED ELIGIBILITY

Place a check mark next to all programs that you or your household members are currently enrolled in:

- Supplemental Nutrition Assistance Program; Food Stamps (SNAP)
- Supplemental Security Income (SSI)
- Medicaid

Provide current documentation for one of the following programs:

- Veterans or Survivor's Pension Benefit
- Federal Public Housing Assistance (Section 8)

Complete Section 2b **ONLY** if you do not qualify for any programs in Section 2a.

2b

INCOME-BASED ELIGIBILITY

Place a check mark next to your Household Size. To qualify, your Household Yearly Income must fall within the range indicated next to your Household Size. A Household is defined as any individual or group of individuals who live together at the same address and share income and expenses. Proof of income must be included with your application.

Household Size	Gross Yearly Income	Household Size	Gross Yearly Income	Household Size	Gross Yearly Income
<input type="checkbox"/> 1	\$0 - \$16,389	<input type="checkbox"/> 3	\$0 - \$28,053	<input type="checkbox"/> 5	\$0 - \$39,717
<input type="checkbox"/> 2	\$0 - \$22,221	<input type="checkbox"/> 4	\$0 - \$33,885	<input type="checkbox"/> 6	\$0 - \$45,549

More than 6 members of your household? Please contact us at 1-800-848-4442.

Provide one or more of the following documents as proof of your income:
(Provide copies only – Originals will not be returned)

- Last year's Federal or State income tax return
- Current annual income statement from employer
- Pay stubs for any three consecutive months within the last 12 months
- Veteran's administration statement of benefits
- Unemployment or Workers' Compensation statement of benefits
- Social Security statement of benefits
- Retirement or Pension statement of benefits
- Divorce decree or Child Support documentation containing income information



Please completely *READ, INITIAL* each rule, and *SIGN* this form indicating that you understand and agree to comply with the following Oregon Lifeline rules:

Applicant MUST initial each box below:

I understand that completing this application does not immediately approve me for the Oregon Lifeline benefit. I will be notified in writing of my application status.

I understand it may take 30-90 days for the company to apply the Oregon Lifeline benefit to my account.

I give the Oregon Public Utility Commission (PUC), the Federal Communication Commission, and the Universal Service Administrative Company authority to obtain or review any required records needed to confirm my statements and to confirm that I qualify for the Oregon Lifeline benefit. I also authorize the company to release any required records for my Oregon Lifeline benefit.

I am head of household and no one else in my household receives landline, wireless or Broadband Lifeline service.

I understand that the Oregon Lifeline credit is allowed for ONE ACCOUNT PER HOUSEHOLD

- A household is defined as any persons who live together at the same address and share income and expenses.

I understand that if I break or violate the one-per-household rule I will no longer qualify for the Oregon Lifeline benefit.

I agree to let the PUC know within 30 days if:

- I no longer qualify for the Oregon Lifeline benefit
- I receive more than one Oregon Lifeline benefit
- I disconnected service with my company
- Another member of my household is also receiving the Oregon Lifeline benefit

I understand that I have 30 days to notify the PUC if I no longer qualify for the Oregon Lifeline benefit or I may be removed from the program.

I agree to notify the PUC of address changes within 30 days of moving.

I understand that my Oregon Lifeline benefit may not be transferred or given to any other person.

I understand that I may be required to confirm that I still qualify for the Oregon Lifeline benefit at any time and that, if I do not comply, my Oregon Lifeline benefits will stop.

I understand that Oregon Lifeline is a state and federal benefit and willfully making false statements or providing false or fraudulent documents to obtain the benefit is punishable by law and can result in fines, imprisonment, disqualification or being permanently removed from the program.

By signing this application I certify under penalty of perjury that the information contained in this application is true and correct and that I meet the eligibility criteria for the Oregon Lifeline benefit.

Applicant Signature: _____

Print Name: _____ **Date:** _____

Make sure your application is complete before sending it. Did you:

Complete Sections 1, 2a or 2b, and Section 3 of the application?

Include current documentation from Sections 2a or 2b (if needed)?

Failure to provide current documentation may result in denial or delay of your application.

Please mail completed application (with current documentation, if needed) to:

PUC • PO Box 1088 • Salem, OR 97308 **OR** Fax to 1-877-567-1977 or 503-378-6047