

**LIFELINE PROGRAM  
CONSENT FORM**

By signing below, I agree to have \_\_\_\_\_ service installed and provided to my home under the Lifeline Program. It is my responsibility to cancel or pay full price for the service when I am no longer eligible. If I don't cancel the service, I understand that I am responsible for the full monthly bill.

Visit <https://www.lifelinesupport.org/> for more information.

I acknowledge and consent that my Lifeline Program Application information will be transmitted to the Lifeline Program Administrator to determine eligibility and proper administration of the Lifeline Program. I also acknowledge that failure to provide this consent will result in Denial of Lifeline Program benefits.

Customer Signature

Date

Time

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Representative Signature

Date

Time

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lifeline is a federal benefit and that 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 Commission's 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.

Data to be transferred to the National Lifeline Accountability Database (NLAD)

The subscriber's full name. The subscriber's full residential address, or, for a subscriber seeking to receive emergency communications support from the Lifeline program, a prior billing or residential address from within the past six months. Whether the subscriber's residential address is permanent or temporary. The subscriber's billing address, if different from the subscriber's residential address. The subscriber's date of birth. The last four digits of the subscriber's social security number, or the subscriber's Tribal identification number, if the subscriber is a member of a Tribal nation and does not have a social security number. If the subscriber is seeking to qualify for Lifeline under the program-based criteria, name of the qualifying assistance program from which the subscriber, his or her dependents, or his or her household receives benefits. If the subscriber is seeking to qualify for Lifeline under the income-based criterion, the number of individuals in his or her household.