



Lifeline Assistance

Change Notification/Request Form

Lifeline Service subscribers should use this form to (a) notify Rise Broadband of any changes that affects subscriber's eligibility for Lifeline Service, or (b) request a change with Rise Broadband that may or may not affect subscriber's eligibility for Lifeline Service.

Please respond completely and accurately. The information provided should be that of the account holder. Inaccurate or incomplete responses may cause your change to be delayed or rejected. Completed Forms and supporting documentation can be faxed to 888-550-1906 or mailed to Rise Broadband, Lifeline Services, 619 14th Street SW, Loveland, CO 80537.

*The information on this application is strictly confidential and will only be used to assess your continued eligibility for Lifeline assistance. Any documentation received will be securely retained and will not be shared. **

Account Information		
Telephone # or Account #:	Email Address:	
First Name:	Middle Initial:	Last Name:
Service Address (No PO Boxes):		
City:	State:	ZIP Code:
Change Information – Please note what change to your account is needed:		
<input type="checkbox"/> <u>Change of Service Address</u>	Enter effective date for Change _____	
New Service Address (No PO Boxes):		
City, State, Zip:		
NOTE: Continued service by Rise Broadband is subject to availability of service at the new service address AND continued receipt of the Lifeline subsidy from Rise Broadband is subject to location of the new service address in accordance with Rise Broadband's Lifeline Service Terms & Conditions. A change of service address which is not serviceable by Rise Broadband may be subject to an early termination fee upon disconnection.		
<input type="checkbox"/> <u>Loss of eligibility</u>	Enter effective date for loss of benefits _____	
Name of Program: _____		
NOTE: Unless a new program eligibility is provided below, the Lifeline subsidy shall no longer be applied to your account as of the first billing cycle following the effective date of your loss of benefits.		
<input type="checkbox"/> <u>New eligible program participation</u> (check box of new program below and attach documentation *)	Enter effective date for new program _____	
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Supplemental Security Income (SSI)	
<input type="checkbox"/> Federal Public Housing Assistance / Section 8	<input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP)	
<input type="checkbox"/> National School Lunch Program free lunch program	<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Household Income below 135% of federal poverty level	
* Documentation – If you are changing your qualification based on program eligibility, a copy of a program award letter, a government agency document, or a program card that shows the participant's name, address, program name and effective date of the award is to be provided. If changing your qualification based on your household income, provide a copy of one of the following: (i) last year's federal income tax return; (ii) current annual income statement from employer; (iii) Social Security Statement of Benefits; (iv) Veteran's Administration Statement of Benefits; (v) Retirement or Pension Statement of Benefits; (vi) Unemployment or Worker's Compensation Statement of Benefits; or (vii) Letter of Participation in General Assistance. Federal law requires Rise Broadband to review and securely retain this documentation and prevents Rise from sharing these documents with unauthorized persons.		
<input type="checkbox"/> <u>Voluntary De-enrollment</u>	Enter effective date for De-enrollment _____	
NOTE: The Lifeline subsidy will no longer be applied to your account as of the first billing cycle following the effective date of your de-enrollment. Voluntary De-enrollment from Lifeline Services will not terminate your service with Rise Broadband and a termination of your Rise Broadband service may be subject to an early termination fee.		
Certification		
By signing below, I certify under penalty of perjury that the information contained within this application is true and correct to the best of my knowledge.		
Signature: _____		Date: _____