



Lifeline Service Application

The Lifeline Service Program (“Lifeline”) is a federally funded program established to provide monthly assistance to qualifying low income households. Qualifications do vary by state as states with their own programs may have their own criteria. To be eligible for Lifeline services under the federal program, subscribers must receive benefits under one of the following public assistance programs:

- Medicaid Program
- Supplemental Nutrition Assistance Programs (SNAP), f/k/a Food Stamps
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance / Section 8
- Low-Income Home Energy Assistance Program (LIHEAP)
- National School Lunch Program’s free lunch program
- Temporary Assistance to Needy Families (TANF)

OR

- Have a total combined household income below 135% of Federal Poverty Guidelines

Rise Broadband only offers Lifeline services to qualifying subscribers who reside in certain Connect America Fund (“CAF”) designated census blocks in areas in which Rise Broadband has been designated as an Eligible Telecommunications Carrier (“ETC”). To receive a subsidized Lifeline discount, a Rise Broadband subscriber’s residential service address must be within a CAF designated census block in a Rise Broadband ETC service area. Subscribers should contact Rise Broadband to check whether they reside in an eligible area.

Please be aware that only one Lifeline discount may be received per household* and a household is not permitted to receive Lifeline benefits from multiple providers. Lifeline service may not be transferred to any other party. A qualified subscriber receiving Lifeline services must notify Rise Broadband within 30 days if they no longer qualify for Lifeline services for any reason or if they have any change of address. Continued service after a change of address is subject to availability of service at the new address. Additionally, a qualified subscriber receiving Lifeline service may be required to re-certify their eligibility at any time.

To apply for Lifeline services, complete the attached application/certification form and send together with the appropriate supporting documentation, by fax to 888-550-1906 or by mail to Rise Broadband, Lifeline Services, 619 14th Street SW, Loveland, CO 80537.

* The definition of a "household" is anyone living at an address (including children, relatives, people not related to you, etc.) who share income(s) and household expenses.



Lifeline Assistance Application and Certification Form

Please respond completely and accurately. The information provided should be that of the account holder. Inaccurate or incomplete responses may cause your application to be 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 eligibility for Lifeline assistance. Any documentation received will be securely retained and will not be shared. **

Applicant Information for Account Holder		
Telephone # or Account #:		Email Address:
First Name:	Middle Initial:	Last Name:
Service Address (No PO Boxes):		
City:	State:	ZIP Code:
Permanent Address <input type="checkbox"/> or Temporary Address <input type="checkbox"/>		Is this address occupied by multiple households: Yes <input type="checkbox"/> or No <input type="checkbox"/>
Billing Address if different than Service Address (PO Boxes allowed):		
City:	State:	ZIP Code:
Date of Birth:		Last 4 digits of Social Security #:
Eligibility Information		
Program Based – Check programs below which you or anyone in your household is currently participating (Attach Documentation*)		
<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) f/k/a Food Stamps		
If you are applying because a member of your household besides you participates in one of these programs, provide his/her name and certify that he/she is a member of your household:		
Name of Program Participant:		
_____ (Please Initial) I certify that this program participant is a member of my household.		
Income Based – If you do not participate in any of the programs above, you may still be available based on your household income. (Documentation Required*)		
Number in Household	If your total yearly household gross income is at or below the amounts listed, which are: (135 % of Federal Poverty Guidelines)	
1 <input type="checkbox"/>	\$16,038	
2 <input type="checkbox"/>	\$21,627	
3 <input type="checkbox"/>	\$27,216	
4 <input type="checkbox"/>	\$32,805	
5 <input type="checkbox"/>	\$38,394	
6 <input type="checkbox"/>	\$43,983	
7 <input type="checkbox"/>	\$49,586	
8 <input type="checkbox"/>	\$55,202	
For each additional household member add	\$5,616	
Number of household members:	No: _____	
<p>* Documentation – If you are applying 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 applying 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.</p>		



Certification

Each of the following certifications must be checked in order to receive Lifeline assistance.

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 and that:

- I have read the information on this application and understand that I must meet the qualifications listed on this form to receive assistance from this program.
- The individual named on the documentation provided demonstrating program-based eligibility, if not me, is part of my household.
- I understand that 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.
- I understand that Lifeline is a federal government benefit program and that willfully making false statements or providing false or fraudulent information in order to obtain that benefit can be punished by fine or imprisonment, or that I can be barred from the program.
- I agree to provide documentation of my eligibility, when required to do so.
- I consent to Rise Broadband providing my information, including but not limited to: my full name; residential address; phone number; date of birth; last four digits of my social security number; the date on which my Lifeline service was initiated/terminated; and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents, the National Lifeline Accountability Database, and/or state agencies involved in Lifeline to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, I will **NOT** be able to receive Lifeline support on my Rise Broadband account.
- That my household is receiving no more than one Lifeline-supported service and understand that violation of this requirement will result in de-enrollment from the program and could result in criminal prosecution.
- I understand that I may not transfer my service to any other individual.
- I acknowledge that I may be required to re-certify my eligibility for Lifeline at any time and failure to re-certify my continued eligibility will result in de-enrollment and termination of Lifeline benefits.
- I understand that I must notify Rise Broadband within 30 days if I no longer meet the income-based or program-based criteria for receiving Lifeline service, if I am receiving more than one Lifeline benefit, or if another member of my household is receiving a Lifeline benefit, and that I may be subject to penalties if I fail to do so.
- If I move to a new address, I agree to provide my new address to Rise Broadband within 30 days and I understand that continued service by Rise Broadband is subject to availability of service at the new service address and that continued receipt of the Lifeline subsidy is subject to location of the new service address in accordance with Rise Broadband's Lifeline Service Terms & Conditions. Further, I acknowledge that a change of service address which is not serviceable by Rise Broadband may be subject to an early termination fee upon disconnection.
- I understand completion of this certification form does not constitute immediate acceptance into this program and that I will not receive the Lifeline discount on my account until the first billing cycle after my acceptance into the program.

Signature: _____

Date: _____