

# Oregon Lifeline Application (Discount)

[www.lifeline.oregon.gov](http://www.lifeline.oregon.gov)

## Oregon Public Utility Commission

PO Box 1088, Salem, OR 97308-1088

Mon. - Fri., 9 am to 4 pm

800-848-4442

Fax: 877-567-1977

[puc.rspf@puc.oregon.gov](mailto:puc.rspf@puc.oregon.gov)

Oregon Lifeline is a federal and state government program that provides a monthly discount on phone (up to \$15.25) or high-speed internet service (up to \$19.25) for qualifying low-income households through participating service providers (see list below). Discount amounts are subject to change.

SECTION



**Please provide us with your information and complete sections A, B, C or D, and E.** \*Required fields

\*Applicant's legal name (First, Middle Initial, Last) *(Applicant's legal name must be on bill/account)*

\*Social Security Number

\*Account number (first ten characters) **or**  
phone number for Lifeline discount

\*Date of birth

Email address

Alternate phone number *(If different than phone number for the Lifeline discount.)*

Home

Cell

\*Home address

Apt.#

\*City

\*Zip code

Is this address temporary?

Yes

No

**Check here if you live on Tribal land**

Mailing address (if different than above)

Apt.#

City

Zip code

**Please continue to next page.**

**AT&T Mobility**

(Please call 1-800-377-9450 or use the [Zip Code Lookup Tool](#) to find out if they offer the Oregon Lifeline discount on your phone service where you live.)

Alyrica Networks

Asotin

Beacon Broadband

Beaver Creek

**CenturyLink**

Clear Creek

Colton

DirectLink

**Douglas Fast Net**

E4 Connect

Eagle

Farmers Mutual Tel. Com.

Gervais/DataVision

Helix

Home

Hood River Electric &amp;

Internet Co-op

Hunter Communications

HYAK

MINET/WVF

MiWave

Molalla Communications

Monitor

Monroe

Nehalem

North State

Oregon Tel. Corp.

PTC

Peak Internet

Pine Telephone

Pioneer

Quantum Fiber

Reliance Connects

Roome Tel. Com.

SCTC

Scio Mutual

Snake River PCS

Spectrum

(Please call 1-800-941-7809 to find out if Spectrum offers the Lifeline discount where you live.)

St. Paul

**Viasat**

(1-855-851-7419 to find out if Viasat offers the Lifeline discount where you live.)

**Warm Springs****Ziplay Fiber**

*Service providers in bold also participate in Tribal Lifeline for an additional discount of up to \$25.00.*

Please continue to next page.

## SECTION **C**

### Program-based eligibility.

Place a check mark next to the program(s) that you or your household members are currently enrolled in:

#### No documentation needed:

Supplemental Nutrition Assistance Program  
Medicaid

#### Provide documentation:

Supplemental Security Income (SSI)  
Veterans or Survivors Pension  
Federal Public Housing Assistance (Section 8)

#### Tribal specific programs

##### Provide documentation:

Bureau of Indian Affairs (BIA) General Assistance  
Tribal Temporary Assistance for Needy Families (Tribal TANF)  
Food Distribution Program on Indian Reservations (FDPIR)  
Tribal Head Start (Only Households that meet the income qualifying standard.)

**Complete Section D only if you do not qualify for any programs in Section C.**

## SECTION **D**

### 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
1	\$21,128	4	\$43,403	7	\$65,678
2	\$28,553	5	\$50,828	8	\$73,103
3	\$35,978	6	\$58,253		

For each additional person in your household size, add \$7,425.

#### 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 continue to next page.**

SECTION



**Agreement.** *(You must initial each statement.)*

I agree, under penalty of perjury, to the following statements:

Initial

I understand that if I am approved as eligible, it may take 30 to 60 days for my service provider to apply the Oregon Lifeline benefit to my account.

Initial

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 my service provider to release any required records for my Oregon Lifeline benefit.

Initial

I understand that my household can only get one Lifeline benefit.

Initial

I understand that if I break or violate the one-per-household rule, I will be de-enrolled from the Oregon Lifeline program.

Initial

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

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

Initial

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

Initial

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

Initial

I understand that Oregon Lifeline is a federal and state 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.

**All statements I have made in this application are true and correct to the best of my knowledge.**

\_\_\_\_\_  
\*Physical or digital signature of applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
\*Today's Date