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FIRSTNAME M. LASTNAME TEMP #1 APPLICATIONFORM  
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123 MAIN STREET  
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**Apply before  
July 31, 2025**

**Apply faster online at  
CaliforniaLifeLine.com**

## Application for California LifeLine Benefit

Apply for your LifeLine benefit before your response date on: **July 31, 2025.**

### To apply:

- You must be at least 18 years old or an emancipated minor. Emancipated minors must provide proof of emancipation.
- If you have changes or corrections to your mailing or home address, you must tell your phone company within 30 days.
- A household is allowed only **one** benefit.
- A household can only get the benefit from **one** phone company.

### There are 2 ways to apply for the California LifeLine benefit:



**Online:** Apply at [CaliforniaLifeLine.com](http://CaliforniaLifeLine.com).



**By mail:** Complete, sign, and mail the paper application and any required proof to California LifeLine. Use the return envelope that came with the application. You do not need a stamp.

After you submit your application and we confirm your identity, California LifeLine will notify you confirming if your application has been approved or denied.

To get the California LifeLine benefit, you **must** complete and submit this

Turn the page ►►►



### Questions?

#### We can help

For questions about applying, your Response Date, or your application status, call California LifeLine at **1-877-858-7463** (TTY: 888-858-7889). We are open 7 a.m. to 7 p.m., Monday – Friday, except state holidays.



### Mail your application

You can mail your completed and signed application to:

**California LifeLine  
Administrator  
P.O. Box 138014  
Sacramento, CA 95813**

**Keep this page for  
your records.**





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application and any required proof before this date: **July 31, 2025**. You may submit a copy of your official proof of identity with this application. To find guidelines about acceptable identity documents, go to [CaliforniaLifeLine.com](https://CaliforniaLifeLine.com).

**SAMPLE**



### Important information if you are applying for California LifeLine benefits for cell phone service:

When you apply for a LifeLine benefit for cell phone service, there is a **30-day** waiting period before you can make another enrollment request. You **cannot** make more than one request at a time. The 30-day waiting period ends with whichever of these comes first:

- California LifeLine sends the decision on your application, **or**
- You cancel your application, **or**
- It has been 30 days since you submitted your application.

After the 30-day waiting period ends, you can submit another application for California LifeLine benefits for cell phone service. To cancel an application or get help, call California LifeLine or your phone company.



### Words to know:

**Adult** is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult).

**California LifeLine** is a government program that provides affordable phone service to qualified households.

**Children** under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians.

**Household** includes adults and children who are living together at the same address as one economic unit. An economic unit consists of all adults contributing to and sharing in the household's income and expenses.

**Household expenses** include food; health care expenses such as medical bills; cost of renting or paying a mortgage on your place of residence such as a house or apartment; and utilities including water, heat, and electricity.

**Income** includes, but is not limited to wages, salaries, interest, dividends, alimony and child support, grants, gifts, allowances, stipends, lottery winnings, inheritances, worker's compensation, unemployment and public assistance benefit, Social Security payments, pensions, rental income, income from self-employment, and cash payments from other sources, and all employment-related non-cash income.

**Medicaid** (called **Medi-Cal** in California) is a government health insurance program for low-income families and eligible aged, blind and/or disabled people who do not have enough income to pay for necessary medical services.

**Medicare** is the federal health insurance program for people who are 65 or older, people with End Stage Renal Disease (ESRD), and certain younger people with disabilities.

**Supplemental Security Income (SSI)** is a federal program of monthly benefits for people with limited income and resources who are disabled, blind, or age 65 or older. Blind or disabled children may also qualify for SSI.

**Social Security Disability Insurance (SSDI)** is a federal insurance program with monthly benefits to people who have a medically determinable disability that restricts their ability to be employed. Eligibility is based on disability and work credits.



# Application for California LifeLine Benefit

## Submit by July 31, 2025

See  
Words to  
know

### Follow these steps on the application below:

**Step 1:** Make sure your mailing and home addresses and phone number are correct.

**Step 2:** Certify that your household does not already get the California LifeLine benefit.

**Step 3:** Tell us if you are applying based on a program or based on your income.

**Other information:** You need to tell us more information about your household.

**Final step:** Certify and sign the application. Then submit by the response date with copies of your proof.

**Please Help:** Provide your race/ethnicity and other demographic information.



#### SMS/Text messaging:

Important reminders up to 10 times per month from 345345. Message and data rates may apply. To opt out of messages, reply STOP. For help, reply HELP. Or call: 866-272-0349.

### Step 1

### Make sure your mailing and home addresses and phone number are correct.

Be sure your name, addresses, and phone number are correct. If they are wrong, call your phone company within 30 days. Ask them to correct your information.

Do not make corrections on this application.

#### Mailing address

Firstname M. Lastname Temp #1  
ApplicationForm 18pt  
Ste 45  
123 Main Street  
Anytown, CA 05

#### Home address

Firstname M. Lastname Temp #1  
ApplicationForm 18pt  
456 Civic Ave  
Suite 78  
Jamestown, CA 99999

**Applicant's phone number:** 123-456-7890

**Application date:** July 31, 2025

**Phone company's phone number:**  
999-999-9999

Continue on the next page ►►►



**Step 2** Certify that your household does not already get the California LifeLine benefit.

By printing my initials here, I certify that no one in my household already has the California LifeLine benefit with my current phone company or another phone company, including federal LifeLine for cell phone service.

Print your first and last initials: \_\_\_\_\_

**Step 3** Tell us if you are applying based on a program or based on your income.

**Check one:**

- I am applying based on a program or programs household members are enrolled in (go to Part A).
- I am applying based on my income (go to Part B).

**Part A: I am applying based on a program or programs household members are enrolled in.**

If anyone in your household is enrolled in any of the programs below, fill in **all** bubbles next to programs you or anyone in your household are in, including children.

Use a blue or black pen to fill in the bubble completely, like this: ● Correct ☒ Incorrect

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Medi-Cal</b> [Medicaid Program]<br><b>*You must provide a copy of your Benefits Identification Card.</b> | <input type="checkbox"/> <b>LIHEAP</b> [Low Income Home Energy Assistance Program]                           |
| <input type="checkbox"/> <b>CalFresh</b> [Supplemental Nutrition Assistance Program (SNAP)]  | <input type="checkbox"/> <b>NSLP</b> [National School Lunch Program]   |
| <input type="checkbox"/> <b>SSI</b> [Supplemental Security Income Program]   | <input type="checkbox"/> <b>WIC</b> [Women, Infants, and Children Program]                                   |
| <input type="checkbox"/> <b>Section 8</b> [Public Housing Assistance Program]  | <input type="checkbox"/> Fill in this bubble if you are enrolled in <b>ANY</b> of the programs listed below: |
| <input type="checkbox"/> <b>Tribal TANF</b> [Tribal Temporary Assistance for Needy Families]   | <b>TANF</b> [Temporary Assistance for Needy Families]  |
| <input type="checkbox"/> <b>Tribal Head Start Program</b>  | <b>CalWORKs</b> [California Work Opportunity and Responsibility to Kids]                                     |
| <input type="checkbox"/> <b>Bureau of Indian Affairs General Assistance</b>  | <b>StanWORKs</b> [Stanislaus Work Opportunity and Responsibility to Kids]                                    |
| <input type="checkbox"/> <b>FDPIR</b> [Food Distribution Program on Indian Reservations]   | <b>WTW</b> [Welfare-to-Work]   |
| <input type="checkbox"/> <b>VA Pension/Veterans Survivor Pension</b> [Federal Veterans and Survivors Pension Benefit Program]        | <b>GAIN</b> [Greater Avenues for Independence]   |

You must mail a **copy** of proof that you are in one or more of these qualifying public assistance programs with your application. To find *Types of Proof*, read the Eligibility Guidelines.

Continue on the next page ►►►





**Part B: I am applying based on income.**

If you did **not** fill in a bubble above and your household's total annual (yearly) gross income (before taxes) is at or below the annual income limits, complete this part. To find the annual income limits, read the Income Table in the Eligibility Guidelines.

Number of people (adults and children) in your household:

Adults (18 and over): \_\_\_\_\_ + Children (under 18): \_\_\_\_\_ = \_\_\_\_\_

Household's total annual gross income rounded to whole dollars: \$ \_\_\_\_\_, \_\_\_\_\_ .00

Read the *Income Calculator* in the Eligibility Guidelines.

You must mail a **copy** of proof of your household's total annual gross income with your application. To find types of proof, read the Eligibility Guidelines.

SAMPLE



## Other information

Use this section to tell us more about your household.

### Certify that no one else in your household gets a LifeLine benefit.

**Note:**

- A household is allowed only one benefit.
- A household cannot get the benefit from more than one phone company.
- If an adult has no income or minimal income and lives with someone who gives financial support to that adult, both people are considered part of the same household.

### Answer the questions below to find out if there is more than one household at your home address.

**1. Do you live with another adult?**

Adults are 18 years old or older or are emancipated minors. An adult can include a spouse, domestic partner, parent, adult son or daughter, adult in your family, adult roommate, etc.

- Yes **If yes**, answer question 2.
- No **If no**, skip questions 2 and 3 because you live at an address that does not receive more than one LifeLine benefit. Please initial **Certification B**.

**2. Does the adult who lives with you receive a California LifeLine discount?**

- Yes **If yes**, answer question 3.
- No **If no**, skip question 3 because you live at an address that does not receive more than one LifeLine benefit. Please initial **Certification B**.

**3. Do you share income and living expenses with the adult who lives with you?**

- Yes **If yes**, you do not qualify for California LifeLine because someone in your household already receives a LifeLine benefit. Only one LifeLine benefit per household is allowed under California LifeLine rules.
- No **If no**, you will continue to receive your LifeLine benefit. You live at an address with more than one household and your household does not receive more than one LifeLine benefit. Please initial **Certifications A and B**.

### Certify and initial below that no one else in your household gets a LifeLine benefit.

Initial here:

\_\_\_\_\_

**Certification A:** I live at an address with more than one household.

Initial here:

\_\_\_\_\_

**Certification B:** I understand that violating the one-per-household benefit rule is against the California LifeLine rules and may result in me losing my California LifeLine benefit, and potentially, prosecution by the United States government.

Continue on the next page ►►►





**Tell us if you live on federally recognized tribal land.**

California LifeLine was notified that you want to apply for the Enhanced LifeLine or Link-Up programs for consumers who live on federally recognized tribal lands. Complete this section and certify by printing your tribal ID number and your initials below.

Tell us your tribal ID number: \_\_\_\_\_ Print your first and last initials: \_\_\_\_\_

**Tell us if a household member uses a teletypewriter (TTY).**

Complete this section if anyone in your household uses a teletypewriter (TTY) and wants the second California LifeLine discount. If the Deaf and Disabled Telecommunications Program (DDTP) supplied the TTY, print the TTY user's name. Otherwise, mail a copy of a medical certificate that shows the person's need for a TTY.

Print the TTY user's name: \_\_\_\_\_

**SAMPLE**



**Final step**      **Certify, sign, and submit your application.**

Print your full legal name and other required (\*) information below. Your legal name is the one you use on official documents, like your Social Security card or State ID. Not a nickname.

\* Applicant's first and last name

\* Last 4 numbers of applicant's Social Security number (SSN):

\* Applicant's date of birth (Month Day, Year)

Tell us how you'd like to get future notifications (Optional)    Standard print    Large print    Braille

Complete this section only if you are applying through a child or dependent.

Check if you are qualifying through a child or dependent in your household.  
If so, answer the following questions:

Child or Dependent's first and last name

Last 4 numbers of their Social Security number (SSN):

Child or Dependent's date of birth (Month Day, Year)

Continue on the next page. Read the agreement and sign your application. ▶▶▶

**SAMPLE**



**Final step** Read below. Then sign your application.

By signing below, to comply with federal and state government rules, I certify, under penalty of perjury, that:

- I understand that it is against the law to lie or leave out information on this application.
- My household is qualified for the California LifeLine benefit.
- My household will not be getting more than one California LifeLine benefit unless I have submitted proof that a member of my household is a TTY user.
- I agree that all of the information I provide on this form may be collected, used, and retained for the purposes of applying for and/or getting California LifeLine Program benefits, and California LifeLine may share with any agencies as required.
- My home address is my principal residence.
- I am not claimed as a dependent on another person's tax return.
- I understand the notification rules.
- I must renew my benefit each year.
- I understand that if I do not renew, I will lose the benefit.
- The information in this form is true and correct.
- I agree to tell my phone company or California LifeLine within 30 days if:
  - I change my mailing or home address, or
  - I no longer qualify for the California LifeLine benefit, or
  - My household gets more than one California LifeLine benefit because a member of my household is a TTY user.
- I understand and agree that I will be penalized if I do not follow these notification rules. Penalties can include losing the benefits, fines, being banned from California LifeLine, and prison.
- I acknowledge and give my consent for California LifeLine to share my information in this form to the Universal Service Administrative Company and/or its agents.
- Legal Guardians or people with Power of Attorney are allowed to sign this form.

**For California LifeLine wireless participants:**

- I consent to receive future SMS (text) messages from California LifeLine.
- I understand that I can opt out of getting these text messages at any time because they are not needed to get the California LifeLine benefit.
- I understand that California LifeLine uses text messages to share important reminders about the benefit.

<b>Applicant's signature (Required)</b> 	Today's date (Month Day, Year)
--	--------------------------------

Fill in this bubble if signed by a Legal Guardian or a person with Power of Attorney.



**Please Help** Provide Your Race/Ethnicity and Other Demographic Information

To evaluate whether we are adequately serving California communities, we need to ask about your Income and other demographic information. This does NOT affect your eligibility with the California LifeLine Program.

**Income:**

How much total combined income did all members of your household earn last year?

**Please Select One:**

- \$0 – \$9,999
- \$10,000 – \$19,999
- \$20,000 – \$29,999
- \$30,000 – \$39,999
- \$40,000 – \$49,999
- \$50,000 – \$59,999
- \$60,000 – \$69,999
- \$70,000 – \$79,999
- \$80,000 – \$89,999
- \$90,000 – \$99,999
- \$100,000 or More
- Prefer Not to Respond

- Only include income for everyone who stayed with you for more than 2 of the past 12 months.
- If you are homeless or living in group housing, then only include everyone you share income and expenses with.

**Gender:**

**Please Select One:**

- Male
- Female
- Transgender
- Non-Binary/Non-Conforming
- Prefer Not to Respond

**Race/Ethnicity:**

**Please Select One:**

- Black/African American
- American Indian/Alaska Native
- Hispanic/Latino
- White
- Asian
  - Cambodian
  - Chinese
  - Filipino
  - Indian
  - Japanese
  - Korean
  - Laotian
  - Vietnamese
  - Other Asian
- Pacific Islander
  - Guamanian
  - Native Hawaiian
  - Samoan
  - Other Pacific Islander
- Other
- Prefer Not to Respond





**SAMPLE**

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# California LifeLine Program Eligibility Guidelines

## General guidelines

1. Only **one** California LifeLine benefit per household, except for TTY users.
2. Households must choose to get the benefit either for a home phone or a cell phone, but not both.
3. Households cannot get the benefit from more than one phone company.
4. To get the benefit, you must give your signature, date of birth, and the last 4 numbers of your Social Security number or your complete tribal ID number.
5. Individuals who do not follow the one benefit per household rule will lose the benefit and may be prosecuted by the U.S. government.
6. Individuals can be punished for giving false information to get the benefit. Penalties can include imprisonment, losing the benefit, monetary fines, and being banned from the California LifeLine program.
7. Applicants cannot be claimed as a dependent on another person's income tax return.
8. The applicant signing the form must be the same person listed under the Home Address in Step 1.
9. The discount for the service connection charge can only be for the primary residence.
10. You cannot transfer the LifeLine benefit to anyone else. They must apply for the program.

## Note

- Do **not** send cash, checks, or these guidelines.
- After you are approved, if you think you no longer qualify for the benefit or if your household is getting more than one benefit by mistake, you **must** tell us or your phone company within **30** days.
- To stay in the program, you **must** **renew** each year.
- California LifeLine participation only lasts for one year.
- Mail **copies** of a medical certificate, proof of income, and proof of program participation. Do **not** send original documents. We cannot return them to you.

## Income-based guidelines

If you are qualifying by income, your household's total annual (yearly) gross income (before taxes) must be at or below the California LifeLine annual income limits for your household size. A **household** includes adults and children who live together at the same address as one economic unit.

An economic unit consists of all adults (persons at least 18 years old) contributing to and sharing in the household's income and expenses. Any household size is acceptable.

If your household has more than 10 members, add \$8,500 to \$100,600 for each additional member to find out the matching California LifeLine annual income limit.

Check the Income Table to find if your household qualifies.

Gross income is defined as money received **before taxes** by **everyone in your household** (adults and children), whether taxable or non-taxable, including, but not limited to: wages, salaries, interest, dividends, alimony and child support, grants, gifts, allowances, stipends, lottery winnings, inheritances,

Income Calculator		
Weekly gross income	x 52 =	Annual income
Biweekly gross income	x 26 =	Annual income
Monthly gross income	x 12 =	Annual income



worker’s compensation, unemployment and public assistance benefits, social security payments, pensions, rental income, income from self-employment, and cash payments from other sources, and all employment-related non-cash income.

**Mail copies of proof** that your household’s total annual gross income meets the annual income limits with your completed and signed application.

### Types of proof

#### Program-based types of proof (send copies only)

- Identification card or number from a qualifying assistance program
- Statement of benefits from Supplemental Security Income (SSI) and/or a qualifying assistance program
- Notice of eligibility or decision letter of participation from a qualifying assistance program
- Other official documents

#### Income-based types of proof (send copies only)

- Front page only of prior year’s state (540, 540A, 540 2EZ, 540NR, or 540X), federal (1040, 1040A, 1040EZ, 1040NR, 1040NR-EZ, 1040SS, or 1040X), or tribal tax return
- Income statements or paycheck stubs for 3 consecutive months within the previous 12 months
- Statement of benefits from Social Security, Veterans Administration, retirement/pension, Unemployment Compensation, Workers’ Compensation, and/or a qualifying assistance program
- Alimony and/or child support documents, and/or other official documents

Income Table	
Household Size	California LifeLine Annual Income Limits
1 member	\$24,200
2 members	\$32,600
3 members	\$41,100
4 members	\$49,600
5 members	\$58,100
6 members	\$66,600
7 members	\$75,100
8 members	\$83,600
9 members	\$92,100
10 members	\$100,600
Income Guidelines are effective from June 1, 2025 to May 31, 2026	

### Second California LifeLine benefit

California LifeLine was notified that you want to apply for a second telephone line with California LifeLine. The person who uses a teletypewriter (TTY) must have immediate and continuous access to it. If the Deaf and Disabled Telecommunications Program did not give the TTY, submit a copy of a medical certificate that shows the person’s need for a TTY.

To get the second California LifeLine benefit, your household must still qualify by program or by income.

### Enhanced LifeLine and Link-Up

California LifeLine was notified that you want to apply for the Enhanced LifeLine or Link-Up programs for consumers who live on federally recognized tribal lands.

To get this benefit, your household must still qualify by program or by income.

Not all phone companies offer Enhanced LifeLine and Link-Up.

