### FILED 8/15/2019 DOCUMENT NO. 08124-2019 FPSC - COMMISSION CLERK

119 South Monroe Street, Suite 202 Tallahassee, Florida 32301

> P.O. Box 551 Tallahassee, Florida 32302

August 15, 2019

Mr. Adam Teitzman Director, Office of Commission Clerk Florida Public Service Commission 2540 Shumard Oak Blvd. Tallahassee, FL 32399

# REDACTED

.CEIVED-FPSC 9 NUC 15 PM 3: 5

Re: Virgin Mobile's Response to Florida Lifeline Data Request 2019

Rutledge | Ecenia

Dear Mr. Teitzman:

Although wireless Eligible Telecommunications Carriers no longer fall under the jurisdiction of the Florida Public Service Commission, as a courtesy Virgin Mobile USA, LP ("Virgin Mobile") provides the enclosed responses to Staff's 2019 Lifeline Data Request regarding annual reporting for Eligible Telecommunications Carriers that receive low-income support.

Enclosed for filing are:

- 1. Public Attachment A: Virgin Mobile's redacted response to Staff's data request, as required by Rule 25-22.006(5), Florida Administrative Code, and
- Confidential Attachment B: a sealed envelope marked "CONFIDENTIAL," containing confidential portions of Virgin Mobile's response.

Pursuant to §364.183(1), Florida Statutes, Virgin Mobile claims that the highlighted portions of the documents provided in Confidential Attachment B are confidential and proprietary business information of Virgin Mobile that should be kept confidential and exempt from public disclosure.

Thank you for your assistance in this matter. Please date stamp the enclosed additional copy of this letter as "filed" and return the same to my office. Please do not hesitate to contact me if you have any questions.

Sincerely,

/s/ Marsha E. Rule

Marsha E. Rule

## VIRGIN MOBILE USA, LP

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## ATTACHMENT A

## (PUBLIC)

### <u>\*\*REDACTED\*\*</u> CLEC AND WIRELESS LIFELINE DATA REQUEST 2019

To assist the Florida Public Service Commission in the development of our Annual Report to the Governor, President of the Senate, and Speaker of the House of Representatives on the Lifeline program as required by Chapter 364.10, Florida Statutes, staff requests that you provide responses to the following questions by August 15, 2019. Your response should include your company name, contact person, and email address.

For items 1 through 16, please provide the data for the fiscal year July 1, 2018, through June 30, 2019.

For those items requesting the data be reported on a monthly basis, provide the appropriate number as of the last day of each month during the review period.

1. The number of residential access lines in service each month.

<u>RESPONSE</u>: As a wireless-only provider, Virgin Mobile does not have any "residential access lines."

2. The number of customers participating in Lifeline each month. Note: Do not include customers receiving Lifeline through the Transitional Lifeline provision.

**RESPONSE:** Please see Schedule 1.

3. The amount of Lifeline credit per line provided to Lifeline customers on their monthly bill.

**RESPONSE:** 

- We do not issue monthly bills to any prepaid customers, including our Lifeline customers; however,
- During the specified time-period, Virgin Mobile base voice only customers who used a feature phone received 750 minutes and unlimited free texts. Beginning on or before December 1, 2018, those customers received 1,000 minutes and unlimited free texts.
- During the specified time-period, Virgin Mobile base customers who used a smart phone received 350 minutes, unlimited free texts and 1GB of 3G or faster data each month. Beginning on or before December 1, 2018, those customers received 350 minutes, unlimited free texts and 2GB of 3G or faster data each month.
- New customers who enrolled between the start of the specified time period and November 30, 2018 received 350 minutes, unlimited free texts and 1GB of 3G or faster data each month. On or before December 1, 2018, those customers began receiving 350 minutes, unlimited free texts and 2GB of 3G or faster data each month.
- New customers who enrolled on or after December 1, 2018 received 350 minutes, unlimited free texts and 2GB of 3G or faster data each month.

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4. The number of customers denied Lifeline service. Identify the reason(s) customers were denied Lifeline (i.e. customer currently receiving Lifeline, inability to verify participation in a qualifying program, past due balance, other reasons not listed).

| Description   | Total    |
|---|----------|
| ADDRESS document(s) not on acceptable list of Proof of Address. Please submit application with                                      | REDACTED |
| another Proof of Address document   | REDACTED |
| Address on document doesn't match application   | REDACTED |
| Application removed due to an existing application or account with matching some CPNI information - name, DOB, SSN.                 |          |
| Application was submitted with extra letters and/or characters in one of the name fields  | REDACTED |
| Bank statement not acceptable   | REDACTED |
| Date of birth could not be validated  | REDACTED |
| Denied for duplicate application  | REDACTED |
| Did not indicate Date of Birth and/or last 4 numbers of Social Security Number  | REDACTED |
| Did not provide 3 full months or 12 weeks of income documentation   | REDACTED |
| Document does not prove eligibility for any LL program. Please resubmit with valid eligibility document.                            | REDACTED |
| Document(s) provided does not meet program guidelines   | REDACTED |
| Documentation must be in English or Spanish   | REDACTED |
| Documentation submitted is not for an eligible program listed on application  | REDACTED |
| Documentation to support income-based eligibility was not received  | REDACTED |
| Documentation to support program-based eligibility was not received   | REDACTED |
| Does not meet age requirement   | REDACTED |
| Duplicate eligibility document used   | REDACTED |
| Eligibility document ID missing or less than 6 characters   | REDACTED |
| Expired document used. Please submit with valid document  | REDACTED |
| Failed to check all required statements in signature section  | REDACTED |
| Hourly app removal  | REDACTED |
| Identity could not be found in public and governmental records. Full name, DOB, last 4 SSN, and address will need to be verified    | REDACTED |
| IDENTITY document(s) not on acceptable list of Proof of Identity. Please submit application with another Proof of Identify document | REDACTED |
| Income documentation provided does not include dates. Dated documentation is required   | REDACTED |
| Income documentation provided does not include gross income data, income before taxes and deductions                                | REDACTED |
| Income documentation provided is too old/outdated   | REDACTED |
| Income does not meet eligibility guidelines   | REDACTED |
| Incomplete First or Last Name   | REDACTED |
| Lifeline account already exists – No evidence the USAC Economic worksheet was received by the required deadline.                    | REDACTED |
| Lifeline service not available in this area   | REDACTED |
| Multiple household sizes were selected, only 1 may be chosen  | REDACTED |

#### <u>**RESPONSE:</u>** See confidential chart below:</u>

| Must complete updated application. Application submitted is out dated.  | REDACTED   |
|---|--|
| Must provide single applicant name (multiple were provided)   | REDACTED   |
|   | REDACTED   |
| Name change no documentation<br>Name on document(s) doesn't match application. Please submit application with correct name.             | REDACTED   |
|   | REDACTED   |
| Name or SSN4 could not be validated   | REDACTED   |
| NLAD Denied. Do not resubmit application  | REDACTED   |
| NLAD Unvalidated Address  | REDACTED   |
| No evidence a Re-certification Form was returned  | REDACTED   |
| No evidence that you returned a new state application after your relocation by the deadline.  | REDACTED   |
| No evidence the USAC Economic worksheet was received by the required deadline.  | REDACTED   |
| PO BOX/General Delivery not acceptable as service address   | REDACTED   |
| Program documentation submitted is expired  | REDACTED   |
| Program information provided does not match applicant's name and/or address   | REDACTED   |
| Remove Me From Program  | REDACTED   |
| Same day app removal  | A CONTRACTOR OF THE OWNER |
| Signature on form does not match applicant's name.  | REDACTED   |
| Supporting document is unreadable/blurry. Please submit with a clear image  | REDACTED   |
| The address you provided was incomplete.  | REDACTED   |
| Unreviewable  | REDACTED   |
| LISAC does not pass   | REDACTED   |
| We have determined you have already been approved with another Lifeline carrier within the past   | REDACTED   |
| We were not able to verify that you live at the home address you listed based on the documentation with your Address Verification Form. | REDACTED   |
| You did not select a program or number of family members.   | REDACTED   |
| Your personal information (name, date of birth, social security number) couldn't be verified in the database.                           | REDACTED   |
| Your signature was missing or unreadable on the application.  | REDACTED   |
| Your signature was missing or unreadable on the Attestation/Service Authorization Form.   | REDACTED   |

5. The number of Lifeline customers added each month. Note: Do not include customers receiving Lifeline through the Transitional Lifeline provision.

## RESPONSE: Please see Schedule 1.

 The number of customers removed from Lifeline each month. Note: Do not include Lifeline customers moved to Transitional Lifeline.

RESPONSE: Please see Schedule 1.

7. In accordance with Section 364.105, Florida Statutes, are you offering Transitional Lifeline service? If yes, what is the number of customers participating per month and what are your advertising efforts for Transitional Lifeline service?

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<u>RESPONSE</u>: Yes, please see Schedule 1. The 10c a minute plan is disclosed in our terms of service. In addition, we also provide notification to individual customers who are placed on the transition service because they are no longer eligible for Lifeline service.

8. The number of customers participating in Lifeline under the Tribal Lands provision each month.

**RESPONSE:** Please see Schedule 1.

 Describe the amount of time required to process applications. Include time period between receipt of customer application and the billing date of the first bill providing the credit.

<u>RESPONSE</u>: The vast majority of paper and web applications are reviewed within 4 days of receipt. Eligibility determination letters are received by the applicant approximately 10 days after the determination is reached. For approved customers, a handset is shipped simultaneous with the approval letter for delivery within 3-5 days. Once the customer activates that handset, the first month discount is applied in the form of 350 free voice minutes, unlimited messages and 2GB of 3G or faster data. Applications that are taken in real time with a sales agent are reviewed immediately and approved applicants receive their eligibility decision and their activated phone and service at the same time.

- 10. Description of your company's procedures for Lifeline. Include the following in your response:
  - a. Internal procedures for promoting Lifeline.

<u>RESPONSE:</u> Virgin Mobile has multiple toll-free numbers as contact points for Lifeline inquiries with the ability to be transferred for Spanish language information. Specialized call center advisors have information regarding Lifeline service available.

b. Outreach and educational efforts involving participation in community events.

<u>RESPONSE</u>: From time to time, Virgin Mobile promotes its Assurance Wirelessbranded Lifeline service at community events that are targeted to potential Lifeline eligible customers.

c. Outreach and educational efforts involving mass media (newspaper, radio, television).

<u>RESPONSE</u>: In addition to the Assurance Wireless website, Assurance engages in digital advertising through tactics like search engine marketing, social media, and partnerships.

d. Copies of Lifeline outreach materials of your company.

<u>RESPONSE</u>: In addition to our website, please see Attachment 2 for copies of outreach materials.

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e. Any links on your company Web site that provides Lifeline information.

RESPONSE: Please refer to our website www.assurancewireless.com.

f. Organizations you are currently partnering with, have partnered with, and organizations you plan to partner with to educate and inform customers about Lifeline.

<u>RESPONSE</u>: Currently, Virgin Mobile is partnering with Medicaid providers on a national rollout. We also have partnerships with other companies that service the low-income population.

11. Did your company provide Lifeline services using resale Lifeline lines obtained from an underlying carrier? If yes, identify the underlying carrier and the number of resale Lifeline lines obtained each month.

RESPONSE: No Lifeline service was provided through resale agreements.

12. To the extent you have experienced a decline in Lifeline customers since last year, please list and describe any issues that may have contributed to the decline. Any additional general comments or information you believe will assist staff in evaluating and reporting Lifeline participation in Florida are welcome.

<u>RESPONSE:</u> Virgin Mobile experienced a decline in Lifeline customers in Florida because of de-enrollments consistent with Federal Lifeline rules and a decline in gross additions as compared to last year.

13. Is your company currently providing Lifeline in any of the states where the National Verifier has been implemented? If yes, please identify any issues you have experienced utilizing the National Verifier.

<u>RESPONSE:</u> Yes, we do provide Lifeline service in states that have transitioned to the National Verifier. We are concerned in particular that the NV's lack of APIs, and USAC's lack of automated access to SNAP and Medicaid databases in some states, are having a negative impact on the Lifeline program.

14. Are you using the National Lifeline Application/Recertification forms in Florida?

<u>RESPONSE:</u> Yes, Virgin Mobile is now using the USAC universal application/ recertification form.

15. In the last year, has your company filed for any form of bankruptcy? If yes, please identify the chapter and the date filed.

RESPONSE: No.

16. Within the last two years, has your company been involved in any FCC enforcement actions? If yes, please provide the FCC docket number.

<u>RESPONSE:</u> No.

# 2019 Florida Lifeline Data Request Virgin Mobile USA, L.P.

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|          | 2. # of<br>customers<br>participating in<br>Lifeline each<br>month | # of customers<br>participating in<br>Link-Up each<br>month1 | 4. # of<br>customers<br>denied Lifeline<br>service | 5. # of Lifeline<br>customers<br>added each<br>month | # of Link-Up<br>customers<br>added each<br>month <sup>1</sup> | 6. # of Lifeline<br>customers<br>removed from<br>Lifeline each<br>month | 7. # of<br>customers<br>participating in<br>Transitional<br>Lifeline each<br>month | 8. # of<br>customers<br>participating in<br>Lifeline under<br>Tribal Lands<br>provision each<br>month |
|----------|--|--|--|--|---|---|--|---|
| Jul-2018 | 417,750  | N/A  | REDACTED   | REDACTED   |   | REDACTED  | REDACTED   | 0   |
| Aug-2018 | 416,987  | N/A  | REDACTED   | REDACTED   |   | REDACTED  | REDACTED   | 0   |
| Sep-2018 | 419,766  | N/A  | REDACTED   | REDACTED   |   | REDACTED  | REDACTED   | 0   |
| Oct-2018 | 416,986  | N/A  | REDACTED   | REDACTED   |   | REDACTED  | REDACTED   | 0   |
| Nov-2018 | 412,931  | N/A  | REDACTED   | REDACTED   | N/A   | REDACTED  | REDACTED   | 0   |
| Dec-2018 | 413,484  | N/A  | REDACTED   | REDACTED   | N/A   | REDACTED  | REDACTED   | 0   |
| Jan-2019 | 407,839  | N/A  | REDACTED   | REDACTED   | N/A   | REDACTED  | REDACTED   | 0   |
| Feb-2019 | 405,296  | N/A  | REDACTED   | REDACTED   | N/A   | REDACTED  | REDACTED   | 0   |
| Mar-2019 | 405,176  | N/A  | REDACTED   | REDACTED   | N/A   | REDACTED  | REDACTED   | 0   |
| Apr-2019 | 405,075  | N/A  | REDACTED   | REDACTED   | N/A   | REDACTED  | REDACTED   | 0   |
| May-2019 | 408,451  | N/A  | REDACTED   | REDACTED   | N/A   | REDACTED  | REDACTED   | 0   |
| Jun-2019 |  | N/A  | REDACTED   | REDACTED   | N/A   | REDACTED  | REDACTED   | 0   |

1. Virgin Mobile USA does not charge its Lifeline customers an activation fee, therefore, it does not participate in Link-Up.

## SCHEDULE 1

# VIRGIN MOBILE USA, LP

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## **OUTREACH AND CERTIFICATION ATTACHMENTS**







# **FREE** Lifeline Service to Qualifying Households IF APPROVED, GET A **FREE** SMARTPHONE RIGHT HERE, RIGHT NOW

Lifeline is a government benefit andrawn supported by the federal Universit Service Fund. Enrollment is evaluated to this and quality based on federal or state-specific aligned by retens. You may built or if you are on oritism public assistance propriems (like Medical de Supplemental Notricolal Assistance Program (SARP) You can also quality based on your household in throws your household and program purplequation or proof of income. One University is available behaviored and program purplequation or proof of income. You may be added by the federal to result of added by the results is available behaviored and program of a control of another to the total or added by the results is available behaviored and program of added by the results is available behaviored by a control of added by the results is available behaviored by the



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# HERE'S WHAT YOU NEED TO KNOW TO MAKE THE MOST OF YOUR NEW ASSURANCE WIRELESS LIFELINE PLAN.

#### Your service includes:

- FREE 2GB High-Speed Data Each Month
- FREE Unlimited Texts
- FREE Minutes Each Month

#### Plus:

FREE Android<sup>™</sup> Smartphone<sup>\*</sup>

# Need more? Get our best rates ever on Unlimited Talk & Text plans with Data.

|           | FOR SMARTPHO | NE CUSTOMERS: |               |
|-----------|--------------|---------------|---------------|
| Plan      | Total Data** | Total Texts   | Total Minutes |
| \$15 Plan | 2.5GB        | Unlimited     | Unlimited     |
| \$20 Plan | 3GB          | Unlimited     | Unlimited     |
| \$30 Plan | 6GB          | Unlimited     | Unlimited     |
| \$45 Plan | 12GB         | Unlimited     | Unlimited     |

\*Customers who have been reinstated within 60 days of their service end date will keep their original phone and phone number. \*\*Total Data includes 2GB FREE Data included with your monthly plan.

### For Feature Phone Customers:

• \$30 Unlimited Talk, Text & Web - Includes Unlimited Voice Minutes, Unlimited Texts and Unlimited Data at up to 3G speed each month.

# All customers may get additional Minutes at these great values:

- \$5 for 250 additional Minutes each month
- 10¢ each additional Minute

| MONTHL    | Y DATA PACKS:            |
|-----------|--------------------------|
| Data Pack | Includes High-speed Data |
| \$1       | 100MB Data               |
| \$3       | 500MB Data               |
| \$5       | 1GB Data                 |
| \$10      | 2GB Data                 |
| \$20      | 4GB Data                 |
| \$30      | 5GB Data                 |



## FREQUENTLY ASKED QUESTIONS

Like us. Follow us. **f** 

#### How do I buy additional data, minutes and other services?

It's easy. First, you need to add money to your account. You can use your phone, go online or call our automated phone service and add money by credit or debit card, PayPal or a Virgin Mobile Top-Up card.

#### There are several ways to purchase additional services:

- Click on the Account Login tab on assurancewireless.com
- · Go to My Account on your phone
- Dial 611 from your Assurance Wireless phone or call 1-888-321-5880 and follow the recorded instructions. (Sorry, data cannot be purchased by phone.)

You can add money by logging in to "My Account" on assurancewireless.com from a computer or your phone OR by purchasing a Top-Up card from a local wireless dealer or store.

Visit participating local wireless dealers or your local Speedway, Best Buy, Target, Walgreens or Walmart to purchase a Virgin Mobile Top-Up card or speak to a sales clerk about adding money to your account. In some locations, you will be able to purchase Assurance Wireless Top-up cards. A minimum Top-Up of \$10 may be required.

#### How long can I keep my Lifeline service?

You will continue receiving 2GB Data each month, Unlimited Texts and FREE Minutes each month for as long as you are eligible for Lifeline service.

Each year you must show you are still eligible for Lifeline service and complete Annual Certification. When it is time to complete Annual Certification, you will be contacted by either Assurance Wireless or your state. You will need to certify that you are still eligible for Lifeline service by the response date on the form or you will lose your Assurance Wireless service.



#### You MUST use your phone often to keep your Lifeline service active.

Make a call, send a text or go online at least every 30 days. (Data used on a Wi-Fi network will not count as activity on your account.)

#### For more information visit assurancewireless.com

Offer limited to new eligible customers who are approved for Lifeline service residing in selected geographic areas and is non-transferable. One Lifeline discounted service (landline or wireless) is available per household. A household is defined as any individual or group of individuals who live together at the same address and share income and expenses. Data speeds may vary. Offers not available in all states/areas and may vary by state. Visit assurancewireless.com for the offer available in your state. Consumers who wilfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program. Phone models may vary. Minutes do not rollover, Add'I voice: 10c/min. Int'l & Data services may be extra per plan. Accessing voicemail draws from plan minutes & charges may apply once free minutes have been depleted. Customers de-enrolled from the faderal Lifeline program may use service with funds remaining in the account for max. 150 days, after which account expires and balance is forfeited unless customer adds funds to the account. State and local sales taxes and fees may apply. Assurance Wireless reserves the right to modify, extend or cancel offers at any time. Coverage not available everywhere, Nationwide coverage are reaches more than 295 million people. Virgin Mobile' USA network services is provided by Virgin Mobile. VIRGIN and the Virgin signature logo are registered trademarks of Virgin Enterprises Limited and are used under license. Android is a trademark of Google Inc. All other marks are the property of their respective owners.

#### FCC FORM 5629

# Lifeline Program Application Form





Universal Service Administrative Co.

# 1. About Lifeline

Lifeline is a federal benefit that lowers the monthly cost of phone or internet service.

# Rules

If you qualify, your household can get Lifeline for phone or internet service, but not both.

- If you get Lifeline for phone service, you can get the benefit for one mobile phone or one home phone, but not both.
- If you get Lifeline for internet service, you can get the benefit for your mobile phone or your home connection, but not both.
- If you get Lifeline for bundled phone and internet service, you can get the benefit for your mobile phone bundled service or your home bundled service, but not both.

Your household cannot get Lifeline from more than one phone or internet company.

You are only allowed to get one Lifeline benefit per household, **not per person**. If more than one person in your household gets Lifeline, you are breaking the FCC's rules and will lose your benefit.

# What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

# Do not give your benefit to another person

Lifeline is non-transferable. You cannot give your Lifeline benefit to another person, even if they qualify.

# Be honest on this form

You must give accurate and true information on this form and on all Lifeline-related forms or questionnaires. If you give false or fraudulent information, you will lose your Lifeline benefit (i.e., de-enrollment or being barred from the program) and the United States government can take legal actions against you. This may include (but is not limited to) fines or imprisonment.

# You may need to show other documents

You will need to show your phone or internet company an official document from one of the government qualifying programs or prove your annual income. Please provide copies of your official documents with this application. Include the documents in option 1 or option 2 below:

- If you qualify through a government program: copies of your state ID card and an official document from the program you are qualifying through (your SNAP card, Medicaid card, Supplemental Security Income (SSI) benefit letter, Federal Public Housing Assistance (FPHA) award letter, or other accepted documents).
- 2. If you qualify through your income: copies of your state ID card and your last state, federal, or Tribal tax return, pay stubs for 3 consecutive months, or other accepted documents. Visit lifelinesupport.org to see the full list of accepted documents.

Visit lifelinesupport.org to see the full list of accepted documents.

# Apply

To apply for a Lifeline benefit, fill out the required sections of this form, initial every agreement statement, and sign on page 6.

To apply, bring or mail this form to your phone or internet company.

Assurance Wireless PO Box 5040, Charleston, IL 61920-9907 Or Fax: 1-877-732-3018

Universal Service Administrative Company | www.lifelinesupport.org Need help? Call the Lifeline Support Center at 1-800-234-9473

#### FCC FORM 5629

# Lifeline Program Application Form

# 2. Your Information

All fields are required unless indicated. Use only CAPITALIZED LETTERS and black ink to fill out this form.

|                   |               | Suffix (optional) |
|-------------------|---------------|-------------------|
|                   |               |                   |
|                   |               |                   |
|                   |               |                   |
|                   |               |                   |
|                   |               |                   |
| What is yo        | ur date of bi | rtn?              |
|                   |               |                   |
|                   |               |                   |
| Month             | Day           | Year              |
|                   |               |                   |
|                   |               |                   |
|                   |               |                   |
|                   |               |                   |
|                   |               |                   |
|                   |               |                   |
|                   |               |                   |
|                   |               |                   |
| ity Number (SSN)? |               |                   |
|                   |               |                   |
| imber?            |               |                   |
|                   |               |                   |
|                   |               |                   |
|                   |               | ity Number (SSN)? |



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#### OMB APPROVAL EDITION 3060-0819



Universal Service Administrative Co.





Universal Service Administrative Co.

# 2. Your Information (continued)

\*Tribal lands include any federally recognized Indian tribe's reservation, pueblo, or colony, including former reservations in Oklahoma; Alaska Native regions established pursuant tothe Alaska Native Claims Settlement Act (85 Stat. 688); Indian allotments; Hawaiian Home Lands—areas held in trust for Native Hawaiians by the state of Hawaii, pursuant to the Hawaiian Homes Commission Act, 1920 July 9, 1921, 42 Stat. 108, et. seq., as amended; and any land designated as such by the Commission for purposes of this subpart pursuant to the designation process in the FCC's Lifeline rules.

| /hat is your home ac   | dress? (The address where | e you will get serv | rice. Do not use a P.O | ). Box)        |       |
|------------------------|---------------------------|---------------------|------------------------|----------------|-------|
| treet Number and Name  |                           |                     |                        |                |       |
|                        |                           |                     |                        |                |       |
| Apt., Unit, etc.       | City                      |                     |                        |                |       |
| State Zip Code         |                           |                     |                        |                |       |
| s this a temporary ac  | dress? Yes [              | No                  | Check if you li        | ve on Tribal L | ands* |
| What is your mailing a | address? (Only fill this  | out if it is not    | the same as yo         | ur home addr   | ess.) |

| Street Number and Name |      |  | 1 |  |  |  |
|------------------------|------|--|---|--|--|--|
| Apt., Unit, etc.       | City |  |   |  |  |  |
| itate Zip Code         |      |  |   |  |  |  |



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Universal Service Administrative Co.

# 2. Your Information (continued)

Only fill this section out if you are applying through a child or dependent.

| Last What is their date of birth? Month Day Year What are the last 4 numbers of their Social Security Number (SSN)? |                   |                 |                                      |           |                   |
|---|-------------------|-----------------|--------------------------------------|-----------|-------------------|
| Aast What is their date of birth? Month Day Year What are the last 4 numbers of their Social Security Number (SSN)? | irst              |                 |                                      |           |                   |
| Aast What is their date of birth? Month Day Year What are the last 4 numbers of their Social Security Number (SSN)? |                   |                 |                                      |           |                   |
| What is their date of birth?         Image: Second Security Number (SSN)?   | Middle (opt       | tional)         |                                      |           | Suffix (optional) |
| What are the last 4 numbers of their Social Security Number (SSN)?  |                   |                 |                                      |           |                   |
| What is their date of birth?         Image: Second Security Number (SSN)?   |                   |                 |                                      |           |                   |
| Month Day Year<br>What are the last 4 numbers of their Social Security Number (SSN)?                                | Last              |                 |                                      |           |                   |
| What are the last 4 numbers of their Social Security Number (SSN)?  | What is           | their date of   | birth?                               |           |                   |
| What are the last 4 numbers of their Social Security Number (SSN)?  |                   |                 |                                      |           |                   |
| What are the last 4 numbers of their Social Security Number (SSN)?  |                   |                 |                                      |           |                   |
|   |                   |                 |                                      |           |                   |
|   |                   | Day             | Year                                 |           |                   |
|   | Month             |                 |                                      | er (SSN)? |                   |
| If they do not have a SSN, what is their Tribal Identification Number?  | Month<br>What are | e the last 4 nu | mbers of their Social Security Numbe | er (SSN)? |                   |
|   | Month<br>What are | e the last 4 nu | mbers of their Social Security Numbe | er (SSN)? |                   |



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#### FCC FORM 5629

# Lifeline Program Application Form





Administrative Co.

# 3. Qualify for Lifeline

Fill out this section to show that you, your dependent, or someone in your household qualifies for Lifeline.

You can qualify through some government assistance programs or through your income (you do not need to qualify through both).

### Qualify through a government program:

### Check all programs that you or someone in your household have:

Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)

Supplemental Security Income (SSI)

Medicaid

- Federal Public Housing Assistance (FPHA)
- Veterans Pension or Survivors Benefit Programs

#### Tribal Specific Programs



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)

Or

## Qualify through your income:

(Only fill this out if you do not qualify through a government program.)

Is your income the same or less than the amount listed for your Including you, how many people live in your state and household size? (only check yes or no next to your household size) household? (check one) Hawaii Alaska All 48 States & DC (not Alaska and Hawaii) \$20,493 \$18,846 \$16,389 Yes No 1 \$25,555.50 \$27,783 Yes No \$22,221 2 \$35,073 \$32,265 \$28,053 Yes No 3 \$38,974.50 \$42,363 No \$33,885 Yes 4 \$49,653 \$45,684 Yes No \$39,717 5 \$52,393.50 \$56,943 No \$45,549 Yes 6 \$59,103 \$64,233 Yes No \$51,381 7 \$65,812.50 \$71,523 Yes No \$57,213 8 Add If more than 8, add this Add \$7,290 Add \$5,832 Yes No \$6,709.50 amount for each extra person: 135% of the 2018 Federal Poverty Guidelines



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Universal Service Administrative Company | www.lifelinesupport.org Need help? Call the Lifeline Support Center at 1-800-234-9473





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| 4.   | program(s) listed on this form or my a  | my household) currently get benefits from the government<br>annual household income is 135% or less than the Federal<br>I in the Federal Poverty Guidelines table on this form).   |
|--|---|--|
| Agreement  | I agree that if I move I will give my ser   | vice provider my new address within 30 days.   |
| I agree, under<br>penalty of perjury,<br>to the following<br>statements:<br>You must initial next to<br>each statement.  | Initial<br>I understand that I have to tell my serv<br>anymore, including:<br>Initial<br>I) I, or the person in my household<br>program or income anymore.<br>2) Either I or someone in my house<br>than one Lifeline broadband int | ice provider within 30 days if I do not qualify for Lifeline<br>d that qualifies, do not qualify through a government<br>chold gets more than one Lifeline benefit (including, more<br>ernet service, more than one Lifeline telephone service, or<br>line broadband internet services). |
|  | I know that my household can only ge<br>household is not getting more than or   | et one Lifeline benefit and, to the best of my knowledge, my<br>ne Lifeline benefit.   |
|  | am giving on this form. I understand th   | ve the Lifeline Program administrator all of the information I<br>hat this information is meant to help run the Lifeline Program<br>he Administrator, I will not be able to get Lifeline benefits.   |
|  | All the answers and agreements that<br>my knowledge.  | I provided on this form are true and correct to the best of  |
|  |   | udulent information to get Lifeline Program benefits is<br>nes, jail time, de-enrollment, or being barred from the   |
|  |   | ck whether I still qualify at any time. If I need to recertify<br>and that I have to respond by the deadline or I will be<br>nd my Lifeline benefit will stop.   |
|  | I was truthful about whether or not l a form.   | am a resident of Tribal lands, as defined in section 2 of this   |
| I consent to let USAC contact me at my Lifeline<br>phone number for important reminders and<br>updates to my Lifeline service. Message and data<br>rates may apply. Text STOP to end messages. | Signature   | Today's Date   |



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| 5.   | What is the agent's full legal name?<br>The name you use on official documents, like your Social Security Card or State ID. Not a nickname. |                   |
|--|---|-------------------|
| Agent<br>Information                             |   |                   |
| Information                                      | First   |                   |
| Answer only if a sales person submits this form. | Middle (optional) Last  | Suffix (optional) |
|  | What is the agent's ID number? What is the agent's d  | ate of birth?     |
|  | Month Day   | Year              |





Administrative Co.

# Notice

PAPERWORK REDUCTION ACT NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, between 0.25 and 0.75 hours. Our estimate includes the time to read the questions, look through existing records, gather the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PERM, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request on this form. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your response may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

**PRIVACY ACT STATEMENT:** The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

Authority: Section 254 of the Communications Act (47 U.S.C. § 254), as amended, 47 U.S.C. §254, authorizes the FCC to operate the Lifeline program. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.).

**Purpose:** We are collecting this personal information so we can verify that you qualify for the Lifeline program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, which we have published in 82 Fed. Reg. 38686 (Aug. 15, 2017).

Routine Uses: We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

**Disclosure:** You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.





# SERVICE INFORMATION FORM FLORIDA

## PLEASE MAKE SURE YOU RETURN THIS FORM WITH YOUR APPLICATION (!)

HOUSEHOLD INFORMATION REQUIRED

# YOUR APPLICATION CANNOT BE APPROVED WITHOUT THE INFORMATION BELOW (

How many people live in your household?\_

Number of children under age 18? \_\_\_\_

Number of people receiving income? \_\_\_\_

What is your total monthly/yearly household income? \_\_\_\_

You must **ANSWER THE INCOME AND HOUSEHOLD QUESTIONS ABOVE**. You must SUBMIT DOCUMENTATION SHOWING ALL INCOME FOR EACH MEMBER OF THE HOUSEHOLD. You must also **INITIAL ALL OF THE STATEMENTS CONTAINED WITHIN THE SECTION 4** of the enclosed Lifeline Program Application Form.

Monthly

Yearly

