

# New York State Lifeline Application Checklist

Use this document as a guide before submitting your completed New York state only application packet to TDS.

This Checklist is a reference tool only. The information and requirements listed in the Lifeline Application (pages 1-4) supersede all information contained on this page.

You reviewed all information regarding the available programs and determined you do NOT qualify for the Federal Communications (FCC) Lifeline program [What Lifeline Programs are available in New York?](#) (page 1 of 4 on the attached New York State (NYS) Discount Application).

*Note: The NYS Lifeline Program discount is available for one telephone line per household. Applicants must be over 18 years of age, and cannot be claimed as a dependent on anyone's tax return.*

You entered your information using CAPITAL LETTERS and black ink; otherwise processing your application could be delayed.

You completed all portions of pages 2 and 3 – leaving no questions unanswered, or missing information.

You provided documentation that you/member of your household receive benefits from the program you selected on page 2. Provide a copy of the program documentation. Original documents will not be returned.

Copy of *program* proof includes: 1. your name and address; 2. Government issued program document; 3. qualifying program name (such as LIHEAP); and 4. issue date within last 12 months or future expiration date for benefit period.

Send the completed forms, copies of proof of eligibility, and state ID card to TDS:

## By Mail

TDS  
PO BOX 5488  
Madison WI, 53705

## By Fax

You may fax your entire application packet to 1.608.830.5634. If your application is accepted, the Lifeline benefits will be automatically applied to your next bill.

If you have questions concerning your application or eligibility, please contact TDS at 1-888-CALL-TDS.

# NEW YORK STATE (NYS) DISCOUNT APPLICATION

---

## What Lifeline Programs are available in New York?

New York residents have access to two Lifeline program options. The first is a Federal Program for those meeting the federal eligibility qualifications (more on this below). The second option is a State only program for those who do not meet the Federal program requirements but meet the state eligibility requirements.

## Who is eligible for Lifeline Discounts?

### Federal Program

The Federal Communications Commission (FCC) Lifeline Program is a joint federal and State of New York program intended to assist in making telephone and qualified broadband service affordable for eligible residential customers. Customers that meet the FCC Lifeline Program eligibility requirements will receive the federally authorized credit of up to \$9.25 on their telephone or qualified broadband bill.

In order to be eligible for the FCC Lifeline Program, the applicant must receive benefits through one of the following programs:

**Medicaid (MA),  
Supplemental Nutritional Assistance Program (SNAP),  
Supplemental Security Income (SSI),  
Federal Public Housing Assistance,  
Veterans Disabilities Pension, or  
Veterans Surviving Spouse Pension.**

Alternatively, an applicant must have a household income of less than 135% of the Federal Poverty Guidelines (FPG).

### 2023 Federal Poverty Guidelines

Household Size	48 Contiguous States, D.C., and Territories	Alaska	Hawaii
1	\$19,683	\$24,584	\$22,640
2	\$26,622	\$33,264	\$30,618
3	\$33,561	\$41,945	\$38,597
4	\$40,500	\$50,625	\$46,575
5	\$47,439	\$59,306	\$54,554
6	\$54,378	\$67,986	\$62,532
7	\$61,317	\$76,667	\$70,511
8	\$68,256	\$85,347	\$78,489
Each additional person, add	\$6,939	\$8,681	\$7,979

## **State Program**

If you do not meet the FCC Lifeline Program's qualifications, you may still be eligible for the New York State (NYS) Lifeline Program. This state program offers a service credit of \$9.25 to be deducted from basic telephone service only for qualified applicants.

For the NYS Lifeline Program, applicants must certify they do not qualify for the FCC Lifeline Program, but do receive benefits from one of the following programs:

**Low Income Home Energy Assistance Program (LIHEAP),  
National School Lunch Program's free lunch program, or  
Temporary Assistance for Needy Families/Safety Net.**

### **How do I apply for a Lifeline Program discount?**

If you qualify for the FCC Lifeline Program, you must fill out the FCC Lifeline Program application (FCC FORM 5629). Note: The FCC Application form must be sent to the National Verifier – TDS cannot accept the federal Lifeline application.

If you do not qualify for the FCC Lifeline Program, complete the NYS Lifeline Program application on the next two pages and return it with proof of eligibility as described in the accompanying NYS Lifeline Application Checklist.

### **Are additional credits possible and any program restrictions?**

In addition, depending upon your telephone company, the New York State Public Service Commission has approved additional credits on telephone service under the FCC or NYS Lifeline Programs (these credits vary by company). These additional Lifeline Program credits can be found in your Telephone Company's Tariff on addendum 1.

Additional restrictions apply for each program.

- For the Federal Lifeline Program, please see section 1 on the FCC Lifeline Program Application, under Rules.
  
- For the NYS Lifeline Program, the discount is available for one telephone line per household. Applicants must also be over 18 years of age and cannot be claimed as a dependent on anyone's tax return.
  
- In addition, consumers can only participate in one Lifeline Program, either the FCC Lifeline Program or the NYS Lifeline Program.

# NEW YORK STATE (NYS) DISCOUNT APPLICATION

---

(Please Print using CAPITALIZED LETTERS)

Applicant's Name: \_\_\_\_\_

Qualifying Person's Name (if different from above): \_\_\_\_\_

Telephone Number (include area code) \_\_\_\_\_

Street Address (No PO Boxes): \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The Above Address is \_\_\_ Permanent \_\_\_ Temporary \_\_\_ Multi-Household (See Attached New York State Lifeline Program Household worksheet)

Billing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_ Applicant's Last four of Social Security Number: XXX - XX- \_\_\_\_\_

Qualifying Person's Date of Birth: \_\_\_\_\_ Qualifying Persons' Social Security Number: XXX - XX- \_\_\_\_\_

I/member of my household am/is now receiving assistance from the following programs (check all that apply to you):

Low Income Home Energy Assistance Program (LIHEAP)

National School Lunch Program's free lunch program

Temporary Assistance for Needy Families/Safety Net

You must provide documentation that you/member of your household receive benefits from the program you selected above. Provide a copy of the program documentation. Original documents will not be returned.

## NEW YORK STATE (NYS) DISCOUNT APPLICATION

---

**Lifeline Applicant Certifications:** *All Certifications statements are required. If you are unable to certify to these statements, you will become ineligible for the Lifeline discount. Initial each line and sign below.*

\_\_\_\_\_ I hereby certify that I am **NOT** eligible to participate in the FCC Lifeline Program.

\_\_\_\_\_ I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form.

\_\_\_\_\_ I agree that if I move I will give my service provider my new address within 30 days.

\_\_\_\_\_ I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:

1. I, or the person in my household that qualifies, no longer qualifies under the NYS government programs listed above.
2. Either I or someone in my household gets more than one Lifeline Program benefit (including, the federal lifeline benefit).

\_\_\_\_\_ I know that my household can only get one Lifeline Program benefit and, to the best of my knowledge, my household is not getting more than one Lifeline Program benefit.

\_\_\_\_\_ All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.

\_\_\_\_\_ I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

\_\_\_\_\_ My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline Program benefit will stop.

**By signing below, you certify to the above initialed statements**

**Qualifying person's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian of qualifying person (if minor):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Applicant if different from above:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If Applicant is not the qualifying person, both applicant and qualifying person/Parent/Guardian MUST initial and sign all certifications.*

# New York State (NYS) Lifeline Program Household Worksheet

---

## About Lifeline

Lifeline is a benefit that lowers the monthly cost of phone or internet service (not both).

### **IMPORTANT:**

***You are only allowed to get one Lifeline benefit per household, not per person. You may also only qualify for the Federal or New York State program, not both.***

## What this worksheet is for:

Use this worksheet if someone else at your address gets the New York State (NYS) Lifeline Program. The answers to these questions will help you find out if there is more than one household at your address.

## 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).

### Examples of one household:

- A married couple who live together are one household. They must share one Lifeline benefit.
- A parent/guardian and child who live together are one household. They must share one Lifeline benefit.
- An adult who lives with friends or family who financially support him/her are one household. They must share one Lifeline benefit.

### Examples of more than one household:

- 4 roommates who live together but do not share money are 4 households. They can have one Lifeline benefit each, 4 total.
- 30 seniors who live in an assisted-living home are 30 households. They can have one Lifeline benefit each, 30 total.

## Household expenses

A household shares expenses. Household expenses include, but are not limited to:  
Food  
Healthcare expenses  
Cost of renting or paying a mortgage on your place of residence and utilities.

## Income

Households share income. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, Veteran's Benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

# New York State (NYS) Lifeline Program Household Worksheet

---

## Your Information

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

<b>What is your Full Legal Name?</b> The name you use on official documents, like your Social Security Card or State ID. Not a Nickname.	
<input type="text"/>	
<b>First</b>	
<input type="text"/>	<input type="text"/>
<b>Middle (optional)</b>	<b>Suffix (optional)</b>
<input type="text"/>	
<b>Last</b>	
<b>What is your home address? (The address where you will get service. Do not use a P.O. Box)</b>	
<input type="text"/>	
<b>Street Number and Name</b>	
<input type="text"/>	<input type="text"/>
<b>Apt., Unit, etc.</b>	<b>City</b>
<input type="text"/>	<input type="text"/>
<b>State</b>	<b>Zip Code</b>

# New York State (NYS) Lifeline Program Household Worksheet

## Can you apply for the NYS Lifeline Program?

Follow this decision tree to confirm if you qualify for the Lifeline Program.

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

Adults are people who are 18 years old or older, or who are emancipated minors. This 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

### 2. Do they get Lifeline?

Yes

*If yes,  
answer question 3*

No

### 3. Do you share money (income and expenses) with them?

This can be the costs of bills, food, etc., and income. If you are married, you should check yes for this question.

Yes

No

**You do not qualify for Lifeline** because someone in your household already gets the benefit. You are only allowed to get one Lifeline discount per household, not per person.

Check this box.

**You can apply for Lifeline.** You live in a household that does not get a Lifeline yet. **Please initial** line **B** on page 4, **and sign** and date the worksheet.

Check this box.

**You can apply for Lifeline.** You live at an address with more than one household and your household does not get Lifeline yet.

**Please initial** lines **A** and **B** on page 4, **and sign** and date the worksheet.

Check this box.

# New York State (NYS) Lifeline Program Household Worksheet

---

## Agreement

Please initial the agreement below and sign and date this worksheet. Submit this worksheet to your service provider with your New York State Discount Application Form.

**Initial**

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

**Initial**

**B I understand that the one-per household limit is a Federal Communications Commission (FCC) rule and I will lose my Lifeline benefit if I break this rule.**

**Signature**

**Today's Date**