

1 2 3 4 5 6 7 8 9 0  
000001  
FIRSTNAME M LASTNAME SR.  
STE 45  
123 MAIN STREET  
ANYTOWN CA 12345-5678

We must receive  
your completed and  
signed worksheet by  
December 25, 2022.

## Household Worksheet

The California LifeLine Program needs you to complete and sign this worksheet because our records indicate that someone else at your home address currently receives a California LifeLine benefit. We must receive your completed and signed worksheet by **December 25, 2022 or you will lose your California LifeLine benefit.**

The fastest way to submit your completed worksheet is at [CaliforniaLifeLine.com](http://CaliforniaLifeLine.com).

After you submit your household worksheet, California LifeLine will notify you confirming if your household worksheet was approved or denied. The notification will be sent on or before your due date December 25, 2022.

### California LifeLine

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

### What is a household?

A household is any group of adults who live together at the same address and share living expenses and income. The group of people don't need to be related to each other. A household may include related and unrelated adults and children.

### What are living expenses?

Living expenses include food, healthcare, utility, and rent or mortgage costs.

### What is income?

Income includes wages, salaries, child support, unemployment, and public assistance benefits, Social Security payments, and cash payments from other sources.



### Questions?

#### We can help

For questions about this worksheet, your Response Date, or your Program 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 worksheet

You can mail your completed and signed worksheet to:

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





**SAMPLE**

Page intentionally left blank





## Tell us about your household at your home address:

456 Civic Ave  
Suite 78  
Anytown, CA 99999

### 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 service provider.
- 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.

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

#### Answer the questions below:

##### 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**, and sign and date the worksheet.

##### 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**, and sign and date the worksheet.

##### 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. **As a result, I understand that I will be removed from the California LifeLine Program.**
- ☐ 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**, and sign and date the worksheet.

Continue on the next page ►►►



**Certify, sign, and submit your worksheet.****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.

Print participant's first and last name

**Participant's signature (Required)**

Today's date (Month Day, Year)

- ☐ Fill in this bubble if you are signing this form as a Legal Guardian or a person with Power of Attorney

**There are 2 ways for you to return your completed and signed worksheet:**

**Online:** Complete, sign, and submit your worksheet at [CaliforniaLifeLine.com](https://www.CaliforniaLifeLine.com).

**or**

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

