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Renew before
July 31, 2025
Renew faster online at
CaliforniaLifeLine.com




Renewal form for California LifeLine Benefit

To keep getting your LifeLine benefit, renew
before your response date on: **July 31, 2025.**

To renew:

- 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 3 ways to renew your California LifeLine benefit:

-  **Online:** Renew at CaliforniaLifeLine.com.
-  **By phone:** Call 1-877-858-7463 (TTY: 888-858-7889), 7 a.m. to 7 p.m., Monday – Friday, except state holidays.
-  **By mail:** Complete, sign, and mail the paper renewal form to California LifeLine. Use the return envelope that came with the renewal form. You do not need a stamp.

After you submit your renewal and we confirm your identity, California LifeLine will notify you confirming if your renewal has been approved or denied. The notification will be sent on your anniversary date July 31, 2025.

Turn the page ►►►



Questions?

We can help

For questions about renewing, your Response Date, or your renewal 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 form

You can mail your completed and signed renewal form to:

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

**Keep this page for
your records.**



To renew your California LifeLine benefit, you **must** complete and submit this renewal form before this date: **July 31, 2025**. You do not need to send any supporting proof.

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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).

Anniversary date is when your California LifeLine benefit will end, if you do not renew successfully (and you are not removed from the program earlier for any reason). Successful renewal will add one year to your anniversary date.

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.



Renewal form for California LifeLine Benefit

Submit by July 31, 2025

See
Words to
know

Follow these steps on the renewal form 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 renewing 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 form. Then submit by the response date.

You do not need to send proof of eligibility.

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

Fill in this bubble if you do not qualify for California LifeLine or want to stop getting the benefit.

☐ Remove me



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 renewal form.

Mailing address

Firstname M. Lastname Temp #3 RenewalForm
12pt
Ste 45
123 Main Street
Anytown, CA 05

Home address

Firstname M. Lastname Temp #3 RenewalForm
12pt
456 Civic Ave
Suite 78
Jamestown, CA 99999

Participant's phone number: 123-456-7890

Renewal form 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 renewing based on a program or based on your income.****Check one:**

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

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

Continue on the next page ►►►



**Part B: I am renewing 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.

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Other information

Use this section to tell us more about your household.

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

Complete this section if you still live on federally recognized tribal land and want the Enhanced LifeLine and Link-Up discounts. 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 still wants to get the second California LifeLine discount.

- ☐ Yes **If yes**, the TTY household member still needs and qualifies for the second California LifeLine discount.
- ☐ No **If no**, this telephone number will be removed from the California LifeLine Program and you will no longer get a discount for this phone number.





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Final step		Certify, sign, and submit your renewal form			
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.					
* Participant's first and last name					
* Last 4 numbers of participant's Social Security number (SSN)		* Participant's date of birth (Month Day, Year)			
Tell us how you'd like to get future notifications (Optional) <input type="radio"/> Standard print <input type="radio"/> Large print <input type="radio"/> Braille					

Continue on the next page. Read the agreement and sign your renewal form. ►►►

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**Final step****Read below. Then sign your renewal form.**

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 renewal.
- 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.

Participant's signature (Required)

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





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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. Participants cannot be claimed as a dependent on another person's income tax return.
8. The participant 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.

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,

Note

- Do **not** send cash, checks, or these guidelines.
- After you are renewed, 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.
- If asked, 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 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.

Second California LifeLine benefit

California LifeLine was notified that you want to renew 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 renew your Enhanced LifeLine or Link-Up program 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.

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	

