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May 18, 2012

**VIA ECFS**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 12th Street  
Washington, D.C. 20554

Re: *Telecommunications Carriers Eligible for Universal Service Support*, WC Docket  
No. 09-197; *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45

Dear Ms. Dortch:

In regards to i-wireless, LLC's ("i-wireless") Petition for Designation as an Eligible  
Telecommunications Carrier currently pending before the Commission, i-wireless hereby submits  
its revised Lifeline Certification Form.

Respectfully submitted,

/s/ LANCE STEINHART

Lance J.M. Steinhart  
Attorney for i-wireless, LLC

Attachment

cc: Nicki Wollenhaupt  
John Nakahata  
Kimberly Scardino  
Divya Shenoy

LIFELINE APPLICATION

This signed authorization is required in order to enroll you in the Lifeline Program in your state. This authorization is only for the purpose of verifying your participation in these programs and will not be used for any purpose other than for the Lifeline program. Service requests will not be processed until this form has been received and verified by Company. I authorize the company to access any records required to verify my statements on this form and to confirm my eligibility for the Lifeline program.

**Things to know about the Lifeline Program:**  
 (1) Lifeline is a federal benefit.  
 (2) Lifeline Service is available for only one line per household. A household cannot receive benefits from multiple providers; and  
 (3) A household is defined, for purposes of the Lifeline Program, as any individual or group of individuals who live together at the same address and share income and expenses.

**Applicant Information:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Social Security Number or Tribal ID Number (Last 4 digits): \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

Residence Address (No P.O. Boxes, Must be your principal address): This address is  Permanent  Temporary  Multi-Household

\_\_\_\_\_ APT/ Floor/ Other \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Billing Address (May Contain a P.O. Box)

\_\_\_\_\_ APT/ Floor/ Other \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

\_\_\_\_\_ I hereby certify that I participate in at least one of the following programs: (Check all that apply)

Initial Here

- \_\_\_\_\_ Supplemental Nutrition Assistance Program (SNAP)
- \_\_\_\_\_ Supplemental Security Income (SSI)
- \_\_\_\_\_ Federal Public Housing Assistance
- \_\_\_\_\_ Low- Income Home Energy Assistance Program (LIHEAP)
- \_\_\_\_\_ National School Lunch Program (free program only)
- \_\_\_\_\_ Temporary Assistance for Needy Families (TANF)
- \_\_\_\_\_ Medicaid

\_\_\_\_\_ I certify that my household income is at or below 135% of the Federal Poverty Guidelines (FPG). There are \_\_\_\_\_ individuals in my household.

Initial Here

**FOR OFFICE USE ONLY:**  
 Company Representative:

Documentation Verified (description):

Representative Signature:

Date:

Is this a multi- family dwelling? \_\_\_\_\_

**You must provide documented proof of your participation in the above programs or your income.**

I certify, under penalty of perjury: *(Initial by Each Certification)*

- \_\_\_\_\_ (1) The information contained in my application remains true and correct to the best of my knowledge and I acknowledge that willfully providing false or fraudulent information to receive Lifeline benefits is punishable by law and may result in me being barred from the program.
- \_\_\_\_\_ (2) I am a current recipient of the program checked above, or have an annual household income at or below 135% of the Federal Poverty Guidelines.
- \_\_\_\_\_ (3) I have provided documentation of eligibility if required to do so.
- \_\_\_\_\_ (4) I understand that I and my household can only have one Lifeline-supported telephone service. Access Wireless has explained the one-per household requirement. I understand that violation of the one-per-household requirement constitutes a violation of the FCC's rules and will result in my de-enrollment from the Lifeline program, and could result in criminal prosecution by the United States Government.
- \_\_\_\_\_ (5) I attest to the best of my knowledge, that I and no one in my household is receiving a Lifeline-supported service from any other land line or wireless company such as Safelink, Assurance, or Reachout Wireless.
- \_\_\_\_\_ (6) I understand my Access Wireless Lifeline service is non-transferable. I may not transfer my service to any individual, including another eligible low-income consumer.
- \_\_\_\_\_ (7) I understand that if my service goes unused for sixty (60) days, my service will be terminated; I will be notified thirty (30) days before termination, during which period I may use the service or contact Access Wireless to confirm that I want to continue receiving their service.
- \_\_\_\_\_ (8) I will notify Access Wireless within thirty (30) days if I no longer qualify for Lifeline. I understand this requirement and may be subject to penalties if I fail to notify my phone company. Specifically, I will notify my company if my household:
  - (1) ceases to participate in the above federal or state program, or my annual household income exceeds 135% of the Federal Poverty Guidelines.
  - (2) is receiving more than one Lifeline supported service;
  - (3) no longer satisfies the criteria for receiving Lifeline support.
- \_\_\_\_\_ (9) I will notify Access Wireless within thirty (30) days of moving. Additionally, if my address listed above is a temporary address, I understand that I must verify my address with Access Wireless every ninety (90) days. If I fail to respond to Access Wireless' address verification attempts within thirty (30) days, my Access Wireless Lifeline service may be terminated.
- \_\_\_\_\_ (10) Access Wireless has explained to me that I am required each year to re-certify my continued eligibility for Lifeline. If I fail to do so within thirty (30) days, it will result in the termination of my Access Wireless Lifeline service.
- \_\_\_\_\_ (11) I authorize and understand that Access Wireless may provide to state and Federal agencies, as required by law, for the purposes of complying with the Lifeline program all the information related to my account including but not limited to my name, date of birth, social security, usage history, address and phone number.
- \_\_\_\_\_ (12) I understand that my name, telephone number, date of birth, last four digits of my social security number, and address will be divulged to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline subsidy.
- \_\_\_\_\_ (13) I understand that if USAC identifies I am receiving more than one Lifeline subsidy, all carriers involved may be notified so that I may select one service and be de-enrolled from the other.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 DATE