

**A PERSONAL INFORMATION**

The person below MUST BE the same person applying for Lifeline service. Please do not forget to sign the application in Section E.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(Please Print Full First Name Clearly) (Please Print Full Last Name Clearly)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last 4 digits of SSN:     Home Telephone Number: \_\_\_\_\_  
mm/dd/yyyy (if applicable)

Email: \_\_\_\_\_

Home Address: Is this a temporary address?

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
(PO Boxes Cannot Be Accepted)

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

**Mailing Address: (if different from above)**

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

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

**COMPLETE SECTION B OR C**

**B PROGRAM-BASED ELIGIBILITY**

Fill in bubbles for all programs that you or a household member are currently enrolled in. **You must provide proof of program participation (DO NOT SEND ORIGINAL DOCUMENTS).** This could include a copy of your benefit ID card, a copy of an eligibility letter from an authorized agency or current or prior year's statement of benefits.

- |   |   |
|---|---|
| <input type="radio"/> Medicaid  | <input type="radio"/> Temporary Assistance for Needy Families (TANF/Ohio Works First) |
| <input type="radio"/> Supplemental Nutrition Assistance Program (SNAP)  | <input type="radio"/> Home Energy Assistance Programs (HEAP, LIHEAP, & E-HEAP)        |
| <input type="radio"/> Supplemental Security Income (SSI)<br><small>(Not the same as Social Security Benefits)</small> | <input type="radio"/> Federal Public Housing Assistance (Section 8)                   |
| <input type="radio"/> General Assistance  | <input type="radio"/> The National School Lunch Program's Free Lunch Program          |
|   | <input type="radio"/> Supplemental Security Income-Blind & Disabled (SSDI)            |

**REMINDER: YOU MUST PROVIDE A COPY OF YOUR PROGRAM PARTICIPATION**

**-OR-**

**C INCOME-BASED ELIGIBILITY**

Calculate **TOTAL** household income by reporting the income of all adult persons residing in your home in the appropriate category.

**REMINDER: YOU MUST PROVIDE PROOF OF INCOME (DO NOT SEND ORIGINAL DOCUMENTS).**

Household Size	Maximum Yearly Income
<input type="radio"/> 1	\$ 16,755
<input type="radio"/> 2	\$ 22,695
<input type="radio"/> 3	\$ 28,635
<input type="radio"/> 4	\$ 34,575
<input type="radio"/> 5	\$ 40,515
<input type="radio"/> _____	\$ _____

If you have more than 5 people in your household, write the number and add \$5,940 for each additional person on top of the \$40,515.

**Proof of income reported: Choose an item from the list below and include it with your application.**

Three consecutive months of one of these statements (from the previous 12 months):

- Your pay stubs
- Social Security benefits statement
- Veterans Administration benefits statement
- Retirement/Pension benefits statement
- Unemployment/Workers' Compensation benefits statement

One of these documents:

**-OR-**

- Prior year's State or Federal income tax return
- Income statement from employer
- Federal letter of participation in General Assistance
- Divorce decree or child support document containing income

**TURN OVER TO COMPLETE**





**D ACCOUNT PIN & SECRET ANSWER**

If you qualify, you'll be asked to enter your Account PIN whenever you access your Assurance Wireless account. If you ever forget your PIN, we'll ask you for your Secret Answer. **To keep your service working, you will need to remember both of these answers. Please write them down for safekeeping.**

**CHOOSE YOUR ACCOUNT PIN:**

Think of a secret 6-digit number that's easy to remember, keeping these rules in mind:

- No more than 3 consecutive numbers in a row (123456 won't work)
- No repeated numbers next to each other (445566 won't work)
- Numbers only (no symbols or letters)

Your Account PIN: \_\_\_\_\_

**-AND-**

**CHOOSE YOUR SECRET ANSWER:**

What is your favorite city?

Your Secret Answer: \_\_\_\_\_

**E SIGNATURE**

**By signing below, I certify under penalty of perjury that the information contained within this application is true and correct to the best of my knowledge.** I understand that providing false or fraudulent information to receive Lifeline benefits is punishable by law.

- I understand that Lifeline is a federal government benefit program and that willfully making a false statement or providing fraudulent documentation in order to obtain this government benefit may result in fines, imprisonment, de-enrollment or permanent removal from the program.
- I understand that only one Lifeline discounted service (landline or wireless) is available per household. 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. A household is not permitted to receive Lifeline benefits from multiple providers. I understand that violation of the one-per-household rule constitutes a violation of federal rules and will result in de-enrollment from the Lifeline program and potential prosecution by the United States government.
- I understand that Lifeline is a non-transferable benefit. I will not transfer to any third party, including another eligible individual, any of the rights or benefits received under the Assurance Wireless service.
- I **certify** that I participate in a qualifying federal program or meet the income qualifications to establish eligibility for Lifeline. I have provided documentation as proof of eligibility for Section B or Section C.
- I **certify** that my household will receive only one Lifeline benefit. To the best of my knowledge, (i) my household is not already receiving a Lifeline benefit, or (ii) if I currently have a Lifeline Assistance plan with a different phone service provider, and if I am approved for Assurance Wireless service, I will notify my current provider that I am receiving a federal Lifeline Assistance benefit from Assurance Wireless.
- I **certify** that if I have provided a temporary address: Assurance Wireless will attempt to verify every 90 days that I continue to reside at that address, and I must notify Assurance Wireless within 30 days of any change of address. If I do not respond to Assurance Wireless' address verification attempts within 30 days, I may be de-enrolled from Assurance Wireless service.
- I **certify** that I will inform Assurance Wireless within 30 days of any of the following, and may be subject to penalties if I fail to do so:
  - I move to a new address.
  - I no longer participate in a Lifeline qualifying program or my annual household income exceeds 150% of the Federal Poverty Guidelines.
  - I become aware that my household is receiving more than one Lifeline benefit.
  - For any other reason, I no longer meet the criteria for federal Lifeline support.
- I authorize Assurance Wireless or its agent to access any records (including financial records) required to verify my statements herein and to confirm my eligibility for Assurance Wireless service. I authorize state or federal agency representatives to discuss with, and/or provide information to, Assurance Wireless verifying my participation in public assistance programs that qualify me for Assurance Wireless service.
- I authorize Assurance Wireless to provide access to or release any records required for the administration of Assurance Wireless service.
- I understand that the completion of this application does not constitute immediate approval for Assurance Wireless service.

**YOU MUST INITIAL THE FOLLOWING STATEMENTS BELOW:**

- \_\_\_\_\_ No one in my household is receiving Lifeline benefits from another provider to my knowledge.
- \_\_\_\_\_ I understand that I may be required to re-certify continued eligibility for Lifeline at any time, and that failure to do so will result in the termination of my Lifeline benefits.
- \_\_\_\_\_ I consent to have my personal identification information shared with the Universal Service Administrative Company (USAC) (the Lifeline Program administrator) and/or its agents for the purpose of confirming that neither I nor my household receives more than one Lifeline benefit.

X \_\_\_\_\_  
**SIGNATURE** (Please use blue or black ink)

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyyy

X \_\_\_\_\_  
**PRINTED NAME**

- Have you remembered to initial and sign the Application?
- Have you remembered to attach copies of your documentation?