



FEEL SAFE WIRELESS
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 other purpose.

Things to know about the Lifeline Program:

- 1. Lifeline is a Federal Benefit.
2. Lifeline Service is available for only one line per household.
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 (DOB) Day Year

Social Security Number Or Tribal ID #: 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)

- Supplemental Nutrition Assistance Program (SNAP)
Supplemental Security Income (SSI)
Federal Public Housing Assistance (FPHA)
Veterans and Survivors Pension Benefit
Medicaid

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

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)

FOR OFFICE USE ONLY:
Company Representative:
Documentation Verified:
Representative Signature:
Date:
Is this a multi-family dwelling?

- 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...
2. I am a current recipient of the program checked above, or have an annual household income at or below 135% of the FPG.
3. I have provided documentation of eligibility if required to do so.
4. I am not listed as a dependent on another person's tax return (unless over the age of 60).
5. I understand that I and my household can only have one Lifeline supported telephone service.
6. I certify that my household will receive only one Lifeline service and, to the best of my knowledge, no one in my household, including myself, is receiving a Lifeline-supported service from any other landline or wireless service provider.
7. I understand my Feel Safe Wireless Lifeline service is non-transferable.
8. I understand that if my service goes unused for thirty (30) days, my service will be suspended...
9. I will notify Feel Safe Wireless within thirty (30) days if I no longer qualify for Lifeline.
10. I will notify Feel Safe Wireless within thirty (30) days of moving.
11. Feel Safe Wireless has explained to me that I am required each year to re-certify my continued eligibility for Lifeline.
12. I acknowledge, and consent to, that certain information, including my name, DOB, last four digits of SSN or Tribal government identification number, address, telephone number and e-mail will be provided to the Lifeline Administrator for purposes of determining duplicate services.
13. If Feel Safe Wireless finds that I am already receiving a Lifeline discount benefit from another provider, I agree that I want to transfer my Lifeline discount benefit from that Lifeline provider to Feel Safe Wireless.
14. If I am subject to a benefit port freeze with another Lifeline provider and I am transferring my benefit to Feel Safe Wireless pursuant to an exception to the benefit port freeze, I understand that I am not required to provide proof of eligibility for Lifeline until the end of my port freeze, but I consent to providing such proof of eligibility to Feel Safe Wireless at this time.

Applicants Signature

Date

Certification is good for up to one (1) year from the date of signing. This certification must be updated annually to avoid program termination.