



Prepaid Wireless
powered by Alltel

Wireless Lifeline Service Application and Certification

A complete and signed Lifeline Service Application and Certification (“Certification”) is required to enroll you in U Lifeline Wireless’ (the Company) Lifeline service program in your state. This Certification is only for the purpose of verifying your eligibility for Lifeline service and will not be used for any other purpose. Service requests will not be processed until this Form has been received and verified by Company.

One Lifeline service per household disclosures: Lifeline is a government assistance program and willfully making false statements to obtain a Lifeline benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline benefits are limited to a single line of service 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 may not receive multiple Lifeline discounts. You may apply your Lifeline discount to either one landline or one wireless number, but you cannot have the discount on both and you cannot receive Lifeline benefits from multiple providers. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person, including another eligible low-income consumer. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission’s rules and will result in your de-enrollment from the program, and potentially prosecution by the United States Government.

By checking this box, I hereby certify that I have read and understood the disclosures listed above and that, to the best of my knowledge, my household is not already receiving a Lifeline service benefit.

Customer Application Information:

First Name Middle Initial	Last Name	Date of Birth (MM/DD/YY) / /
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Residential Address w/ street name & Apt Number (PO Box cannot be accepted)	City / State / Zip Code
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Billing Address (if different from Residential Address) (P.O. Box IS sufficient)	City / State / Zip Code
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<input type="checkbox"/> Residential Address is Permanent (Must Choose One)	<input type="checkbox"/> Service Is New (Choose One)
<input type="checkbox"/> Residential Address is Temporary	<input type="checkbox"/> Service Is Conversion

Social Security Number or Tribal Number - -	Home Telephone / Contact Number () -	Email Address
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Would you like to receive texts or emails from our company about new service offerings or promotions?
 Yes No This information will be for company use only, & will not be shared with a third party company or organization.

ELIGIBILITY REQUIREMENTS:	Number of persons in Household _____
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Do you or any member of your household currently receive Lifeline assistance at the above address? YES NO

I hereby certify that I currently participate in at least one the following public assistance programs (Check One):

- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing HUD/Section 8 (FPHA)
- Medicaid (not Medicare)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Low Income Home Energy Assistance Program (LIHEAP)
- National School Lunch Program’s free lunch programs
- Income at or below 150% of Federal Poverty Guidelines
- Social Security Disability Insurance
- General Assistance
- Other State Specific Eligibility Criteria _____

ADDITIONAL CERTIFICATIONS: I hereby certify, under penalty of perjury, that:

- I meet the income-based or program-based eligibility criteria for receiving Lifeline service and have provided documentation of eligibility if required
- I will notify the Company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based eligibility criteria, I begin receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit. I understand that I may be subject to penalties if I fail to follow this requirement
- I am not listed as a dependent on another person's tax return (unless over the age of 60)
- The address listed below is my primary residence, not a second home or business
- If I move to a new address, I will provide that new address to the Company within 30 days
- If I provided a temporary residential address to the Company, I will verify my temporary residential address every 90 days
- I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law
- I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to recertify as to my continued eligibility within 30 days will result in de-enrollment and the termination of my Lifeline benefits
- The information contained in this certification form is true and correct to the best of my knowledge

Multiple households sharing and address:

- I hereby certify that I reside at an address occupied by multiple households, including adults who do not contribute income to my household and/or share in my household's expenses, and I will complete a separate additional form.

Activation and usage requirement disclosures: This service is activated and considered to be active through your usage of the service. Usage and account status is determined as follows. For an account to be considered active, an authorized subscriber must, during any 60-day period, make a monthly payment; purchase minutes from the Company to add to an existing per-paid Lifeline account; complete an outbound call; answer an incoming call from anyone other than the Company, its representative, or its agent; the sending or receiving of text messages; the downloading or uploading of data from or to an entity other than the Company (except for optional content-related services that may be offered by the Company); or affirmatively responding to a direct contact from the Company confirming that you want to continue receiving the Lifeline supported service.

- I hereby certify that I have read and understood the disclosures listed above regarding activation and usage requirements.

Authorizations:

- I hereby authorize the Company to access any records required to verify my statements on this form and to confirm my eligibility for the Lifeline program. I also authorize the Company to release any records required for the administration of the Lifeline program (e.g., name, telephone number and address), including to the Universal Service Administrative Company, to be used in a Lifeline eligibility database and to ensure the proper administration of the Lifeline program. Failure to consent will result in denial of service.

Applicant's Signature:

Date:

For Agent Use Only (check only 1 eligibility category and only 1 box under that category; do not copy or retain documentation):

Documents Acceptable Proof for Income-Eligibility:

- The prior year's state, federal, or Tribal tax return,
- Current income statement from an employer or paycheck stub,
- A Social Security statement of benefits,
- A Veterans Administration statement of benefits,
- A retirement/pension statement of benefits,
- An Unemployment/Workmen's Compensation statement of benefits,
- Federal or Tribal notice letter of participation in General Assistance,
- A divorce decree, child support award, or other official document containing income information for at least three months' time.

Documents Acceptable Proof for Program-Eligibility:

- The current or prior year's statement of benefits from a qualifying state, federal or Tribal program;
- A notice letter of participation in a qualifying state, federal or Tribal program;
- Program participation documents (e.g., the consumer's Supplemental Nutrition Assistance Program (SNAP) electronic benefit transfer card or Medicaid participation card (or copy thereof));
- Another official document evidencing the consumer's participation in a qualifying state, federal or Tribal program

Household Size	150% Income Requirement	Household Size	150% Income Requirement
1	\$ 16,755	5	\$ 40,515
2	\$ 22,695	6	\$ 46,455
3	\$ 28,635	7	\$ 52,395
4	\$ 34,575	8	\$ 58,335
Each additional person Add \$5,940			

Applicant Account Number

Rep/Agent Signature