

Enrollment ID: _____

Section 1

Date: _____

Please make sure that you provide correct personal information. Your information will be validated against Public Records and any discrepancies could result in delays in your approval or rejection of service.

1. PLEASE PRINT name and physical residence address of person verifying for assistance:

_____	_____	_____	_____	_____
Last Name	First Name	Middle Initial	Last 4 digits of SSN	Birthday
_____		_____	_____	
Street Address / Apt. Number (no PO BOX allowed)		City	Zip Code	
_____	_____	<input type="checkbox"/> Check here if your address is temporary	_____	_____
Address Line 2	State	Contact Phone Number	Email Address	

Mailing Address

_____	_____	_____	_____	_____
Mailing Address (PO BOX allowed)	Mailing Address 2	City	Zip Code	State

Complete this part **ONLY** if your child or dependent is the beneficiary of the qualifying program.

_____	_____	_____	_____
First Name	Last Name	Birth Date (MM/DD/YYYY)	Last 4 Digits of SSN

Choose your plan (check one):

68 Free
Nationwide Text
(Up to 1250 texts)

125 Free
Nationwide Text
(Up to 1250 texts)

250 Free
Nationwide Text
(Up to 1250 texts)

All programs feature Local Calls, National Long Distance, Voicemail, Nationwide Text, Roaming at no Additional Cost, Free 911, 411 Directory Assistance at no Additional Cost. The 68 minutes plan includes 100+ International Long Distance Destinations. The 68 and 125 minutes plans feature carry-over minutes from month to month. You can send or receive up to 1250 texts per month with any plan. The 250 minutes plan will not carry-over the minutes on your next monthly minutes delivery. However, if you redeem additional minutes cards, all unused minutes will carry-over for three consecutive months.

Section 2

I hereby certify that I participate in at least ONE of the following public assistance programs (select just ONE program):

- | | |
|---|---|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) Food Stamps (*) | <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) (*) | <input type="checkbox"/> National School Lunch Program's (free lunch program) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Medicaid (*) |
| <input type="checkbox"/> Federal Public Housing Assistance (Section 8) | |

Note: Programs with (*) DO NOT require proof of participation, these programs are validated by a state agency for your convenience. Remaining programs require you to provide proof of participation such as, an award letter from SSA or state agency stating that you receive the benefit, or a similar official document. All documents must have the same name and address as provided in this application. Provide Copies ONLY

SafeLink is a Lifeline supported service. Lifeline is a federal benefit, and only eligible subscribers may enroll. Customers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program. Lifeline is available for only one line per household. A household is defined 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. Violation of the one-per-household rule constitutes a violation of FCC rules, and will result in the Customer's deenrollment from Lifeline. Lifeline is a non-transferable benefit, and a Customer may not transfer his or her benefit to another person.

Promo Code: _____

Section 3

You **MUST** place a check mark () next to each statement, then Sign and Date below (your application cannot be approved without these items).

I certify under penalty of perjury to each of the following:

- 1. I participate in the above designated qualifying program.
- 2. I understand that I must notify SafeLink within 30 days if I no longer participate in the qualifying program, if I or another member of my household obtains Lifeline supported service from another carrier, or, for any other reason, I no longer qualify for Lifeline support.
- 3. I understand I may be required to recertify my continued eligibility for Lifeline at any time, and failure to do so will result in termination of my Lifeline benefits.
- 4. If I change my address, I will provide my new address to SafeLink within 30 days.
- 5. My household will receive only one Lifeline benefit and to the best of my knowledge, my household is no already receiving a Lifeline service.
- 6. The information contained in this application is true and accurate to the best of my knowledge, and I acknowledge that providing false or fraudulent information to obtain Lifeline benefits is punishable by law.
- I authorize SafeLink Wireless or its duly appointed representative to: (1) access any records required to verify my statements herein; (2) to confirm my continued eligibility for Lifeline assistance; (3) to update my address to proper mailing address format; (4) to provide my name, telephone number, and address to the Universal Service Administrative Company (USAC) (the administrator of the program) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline benefit; and (5) authorize social service agency representatives to discuss with and/or provide information to SafeLink Wireless verifying my participation in benefit programs that qualify me for Lifeline assistance.

By signing below, I separately affirm and agree to each of the above statements

Printed Name

Date

Applicant Signature

Promo Code

E-Signature

Referred by a Friend

Referred By A Friend

Customer's First Name

Customer's Last Name

SafeLink Phone Number

- Please check this box if you would like to receive pre-recorded special offers for SafeLink customers and promotional offers from TracFone at the home telephone number provided in the contact information.

Please Return to

Mail Application: SafeLink Wireless
PO Box 220009
Milwaukie, OR 97269-0009

Or Fax Application: 1 (866) 902-5756

For questions concerning Lifeline, please call SafeLink Wireless business office a 1 (800) SafeLink (723-3546)


Lifeline Household Worksheet

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An **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). Household **expenses** include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). **Income** includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. 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. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

 **You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.**

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check no if you do not have a spouse or partner) YES NO

If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.

If you checked **NO**, please answer question #2.

2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?

- A. A parent YES NO D. An adult roommate YES NO
B. An adult son or daughter YES NO E. Other _____ YES NO
C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.) YES NO

If you checked NO for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.

If you checked **YES**, please answer question #3.

3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? YES NO

If you checked **NO**, then your address includes **more than one household**. Please initial lines A and B below, and sign and date the worksheet.

If you checked **YES**, then your address includes only **one household**. You may not sign up for Lifeline because someone in your household already receives Lifeline.

CERTIFICATION

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to SafeLink Wireless along with your Lifeline application.

A. I certify that I live at an address occupied by multiple households.

B. I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature

Date