



LIFELINE ASSISTANCE APPLICATION FORM



VERIZON USE ONLY: New Customer [] Annual Recertification []

SECTION 1 - APPLICANT

Name: (First) (Middle) (Last)

Residential Address: (Street) (City) (Apt#) WI (State) (ZIP)
(Cannot be a P.O. Box; must be your physical address)

Please indicate if the address listed above is a temporary residential address: (please check one) [] Yes [] No

Billing Address: (Street) (City) (Apt#) WI (State) (ZIP)
(If not the same as your residential address)

Wireless Phone Number (if existing customer): () - () Number of Persons in Household: ()

Phone number where you can be reached to discuss this application form: () - ()

Date of Birth: Last four (4) digits of your Social Security # (or complete Tribal Government ID#):

I, or a member of my household, currently receives Lifeline at the above residential address:

[] Yes (You are not eligible for Lifeline.) [] No

I, or a member of my household, has received Link Up at the above residential address: (For eligible residents of Tribal lands only)

[] Yes (You are not eligible for Link Up.) [] No

I am 60 years old or younger and am a dependent for federal income tax purposes.

[] Yes [] No

SECTION 2 - ELIGIBILITY FOR LIFELINE ASSISTANCE

NEW CUSTOMERS: If you qualify based on participation in one of the public assistance programs listed below, you must provide a copy of documentation demonstrating your participation in the program.

EXISTING LIFELINE CUSTOMERS: If you are recertifying your eligibility you do not need to provide these documents.

I am, or my dependant(s) are or a member of my household is, currently receiving benefits from one of the following public assistance program(s):

- [] Food Stamps/Supplemental Nutrition Assistance Program (SNAP)
[] Medical Assistance/Medicaid (not Medicare)
[] Federal Public Housing Assistance (including Section 8)
[] Low Income Home Energy Assistance (LIHEAP)
[] Wisconsin Works (W2)
[] Wisconsin Homestead Tax Credit
[] Temporary Assistance for Needy Families (TANF)
[] National School Lunch Program's free lunch program (must qualify for free lunch)
[] Supplemental Security Income (SSI)
[] Badger Care

OR
[] My total household income is at or below 135% of the Federal Poverty Guidelines.

If you qualify based on total household income, you must provide copies of one of the documents below:

- [] Prior year's State, Federal or Tribal Tax Return
[] Social Security Benefits Statements
[] Veterans Administration Benefits Statements
[] Federal or Tribal notice letter of participation in Bureau of Indian Affairs General Assistance
[] Retirement/Pension Benefit Statements
[] Divorce Decree or Child Support Documents
[] Unemployment/Workers Compensation Benefits Statements
[] Current Income Statements from Employer or Paycheck Stubs

If you provide documentation that does not cover a full year (such as current paycheck stubs), you must submit three (3) consecutive months' worth of the same type of document from the previous twelve months.

SECTION 3 - RESIDENTS OF TRIBAL LANDS MUST COMPLETE SECTIONS 2 AND 3 (CHECK ALL THAT APPLY)

- [] My residential address is located on federally recognized Tribal lands.
I am, or my dependant(s) are or a member of my household is, currently receiving benefits from one of the public assistance programs in Section 2 and/or from one of the following program(s):
[] Head Start (must satisfy income qualifying standard)
[] Tribally Administered Temporary Assistance for Needy Families (TANF)
[] Bureau of Indian Affairs General Assistance
[] Food Distribution Program on Indian Reservations



SECTION 4 – APPLICANT CERTIFICATION AND AGREEMENT

Lifeline is a federal benefit and willfully making false statements to obtain Lifeline can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline is non-transferable and you may not transfer this discount to any other person. Only one Lifeline discount is available per household and a household is not permitted to receive Lifeline discounts from multiple providers. 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. Violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission’s rules and will result in de-enrollment from the program and could result in criminal prosecution.

EACH OF THE FOLLOWING CERTIFICATIONS MUST BE INITIALED IN ORDER TO RECEIVE LIFELINE.

I CERTIFY UNDER PENALTY OF PERJURY:

That I meet the income-based or program-based eligibility criteria for receiving Lifeline.

CUSTOMER INITIALS _____

That I will notify Verizon Wireless within 30 days if I no longer meet the income-based or program-based criteria for receiving Lifeline, if I, or another member of my household is receiving Lifeline, or if for any reason I no longer satisfy the criteria for receiving Lifeline.

CUSTOMER INITIALS _____

That if I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, I live on Tribal land.

CUSTOMER INITIALS _____

That if I move to a new address, I will provide my new residential address to Verizon Wireless within 30 days.

CUSTOMER INITIALS _____

That my household will receive only one Lifeline discount and, to the best of my knowledge, my household is not already receiving a Lifeline discount.

CUSTOMER INITIALS _____

That the information contained in this certification form is true and correct to the best of my knowledge.

CUSTOMER INITIALS _____

That I acknowledge that providing false or fraudulent information to receive Lifeline is punishable by law and may subject me to fines, imprisonment or being barred from the program.

CUSTOMER INITIALS _____

That I acknowledge that I may be required to recertify my continued eligibility for Lifeline at any time, and that failure to do so within 30 days will result in termination of my Lifeline discount.

CUSTOMER INITIALS _____

I provide my consent for Verizon Wireless to send the information below 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 discount. If USAC determines that I am receiving more than one Lifeline discount then all Lifeline providers involved may be notified so that I may select one Lifeline provider and be de-enrolled from the other. I understand that if I fail to provide consent, I will be denied Lifeline.

- My full name
- My full residential address
- My date of birth
- The last four digits of my social security number or my complete Tribal Identification number
- My telephone number associated with Lifeline service
- The date on which Lifeline service was initiated
- The date on which Lifeline service was terminated, if it has been terminated
- The amount of my Lifeline discount
- The means through which I qualified for Lifeline

CUSTOMER INITIALS _____



LIFELINE ASSISTANCE APPLICATION FORM

WI

I authorize Verizon Wireless or its authorized representatives to access any records (including financial records) required to verify my statements herein, and to obtain and use my credit as necessary to set up an account, although credit history will not impact eligibility for Lifeline or Tribal Link Up. I authorize social service agency representatives to provide information to Verizon Wireless verifying my eligibility for, or participation in, a qualifying public assistance program. I authorize Verizon Wireless to release any records (including financial records) required for the administration of the Lifeline program.

I understand the terms of the Verizon Wireless Lifeline plans and authorize Verizon Wireless to make any changes necessary to my account in order to activate or implement the Verizon Wireless Lifeline plans.

I agree to the current Verizon Wireless Customer Agreement, including the Plan, and other terms and conditions for services and selected features I have agreed to purchase, and which have been presented to me by the Sales Representative, and which I had the opportunity to review. I understand that I am agreeing to limitations of liability for service and equipment, settlement of disputes by arbitration and other means instead of jury trials and other important terms in the Customer Agreement.

I understand that I must fulfill the terms and conditions of any existing Customer Agreement with Verizon Wireless and that termination of my existing plan to activate Lifeline service may result in the assessment of a termination fee.

TWO FORMS OF IDENTIFICATION WILL BE REQUIRED TO PROCESS YOUR APPLICATION (ONE PRIMARY, ONE SUPPLEMENTAL):

Primary ID: State issued Driver's License or ID, US Passport, Tribal Card, Resident Alien Card, US Visa, etc.

Supplemental ID: Public Utility Bill, Credit Card Bill, Computerized Paycheck Stub, Social Security Card, Voter Registration Card, Vehicle Registration Card, Bank Statement, County ID, etc.

SIGNATURE: _____ DATED: _____, 20_____

LIFELINE ASSISTANCE

- Qualifying customers will save \$9.25 per month off of the monthly access for Lifeline. Qualified residents of federally recognized Tribal lands may receive up to \$25 in additional Lifeline discounts per month.
- You will not be charged a service deposit to initiate Lifeline. However, you may be required to bring your account current if you incur charges materially in excess of your monthly access. Failure to bring your account current may result in a suspension or termination of your service.
- Your equipment charges will appear on your first month's bill unless you will be using equipment that has previously been paid for and is compatible with the Verizon Wireless network.
- International Long Distance is not a part of the Lifeline plans. Your Lifeline device may not be used to make International Long Distance calls. Access to "900" numbers is prohibited. Use of the service to make prohibited calls can result in the curtailment or termination of service.
- Your first bill will include one full month's access charge in advance and a portion of the current month's access charge, which is calculated based on the activation date. Your Lifeline discount will also be applied accordingly.
- **The Lifeline discount is limited to a single line of service. You may not apply for multiple Lifeline discounts and must choose to apply your Lifeline discount to either a landline or wireless number, but not both. Please note that other service providers may use terms other than "Lifeline" to describe the Lifeline program. By signing this application, you are certifying, under penalty of perjury, that you will comply with this requirement.** Lifeline is only available to a subscriber whose residential address is located within Verizon Wireless' Lifeline service area. Lifeline may **not** be applied retroactively.
- You must pay all sales, excise and other taxes and governmental surcharges and fees that we are required by law to bill customers. These taxes, surcharges and fees may change from time to time without notice. However, Lifeline subscribers will not be assessed a Federal Universal Service Fund or Regulatory charge.
- Other restrictions may apply.

IF YOU CHOOSE THE \$33⁹⁹ LIFELINE PLAN, IT INCLUDES:

- Basic Voice Mail with Message Waiting Indicator, Caller ID, Call Waiting, 3-Way Calling, Call Forwarding and No Answer/Busy Transfer at no additional charge. Other services such as data service, text messaging, handset insurance, and roadside assistance are not available as part of Lifeline. All charges, either recurring or nonrecurring, for any service or feature other than those included in the Lifeline plan shall be billed at applicable rates and charges.
- 400 Anytime Minutes and 1,000 Mobile to Mobile Calling minutes within the Local Coverage Area. A charge of 45¢ per minute applies to incoming and outgoing calls made after the allowance is exhausted. Roaming outside the Local Coverage Area is prohibited. The plan does **not** include Nights & Weekends.



LIFELINE ASSISTANCE APPLICATION FORM



- Domestic Long Distance calls made from your wireless phone while you are within your Local Coverage Area. Airtime charges apply. Domestic Long Distance includes calls made from within your Local Coverage Area to anywhere within the United States or Puerto Rico.

IF YOU CHOOSE THE \$19⁹⁹ HOME PHONE CONNECT PLAN, IT INCLUDES:

- Basic Voice Mail, Caller ID (number only), Call Waiting, 3-Way Calling, Call Forwarding and Last Number Callback at no additional charge. Other Services such as data service, text messaging, handset insurance, and roadside assistance are not available as part of Lifeline. All charges, either recurring or nonrecurring, for any service feature other than those included in the Lifeline plan shall be billed at applicable rates and charges.
- Unlimited Single-Line Calling using the Home Phone Connect Device. Please note: the Home Phone Connect Device requires a connection to an existing cordless or corded handset. The device does not allow for DSL or dial-up Internet service, DVR, Dish Network, and DirecTV, credit card machines, PBX or Centrex Systems, medical alert dependencies, fax machines and some home security systems. For more information please call **1.800.417.3849**.
- Domestic Long Distance calls made while you are within your Local Coverage Area to anywhere within the United States or Puerto Rico.
- The Home Phone Connect Family SharePlan[®] is not available as part of Lifeline.

LINK UP ASSISTANCE

Qualifying customers that reside on federally recognized Tribal lands may be eligible for Link Up, which is a 100% reduction of Verizon Wireless' customary activation charge of \$35. Link Up is only available to a subscriber whose residential address is located on a federally recognized Tribal land that is within Verizon Wireless' designated service area. Link Up may only be applied once to initiate service (for a single landline or wireless telephone line) at the same address. Link Up cannot be applied to customer facilities or equipment, including the cost of your phone. Link Up may not be applied retroactively.

| 135% OF THE FEDERAL POVERTY GUIDELINES - 2014 | |
|---|-------------------------------|
| Persons in Family or Household | 48 Contiguous States and D.C. |
| 1 | \$15,755 |
| 2 | \$21,236 |
| 3 | \$26,717 |
| 4 | \$32,198 |
| 5 | \$37,679 |
| 6 | \$43,160 |
| 7 | \$48,641 |
| 8 | \$54,122 |
| For each additional person add | \$5,481 |

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY. THE COMPLETED APPLICATION, TWO FORMS OF ID, AND PROOF OF BENEFITS CAN BE FAXED TO:

1.877.561.7829

OR CAN BE MAILED TO:

Verizon Wireless c/o CORE Department
2nd Floor
3601 Converse Drive
Wilmington, NC 28403

IF YOU HAVE QUESTIONS, PLEASE CALL **1.800.417.3849** FOR ASSISTANCE.

Verizon Wireless Use Only

Name: _____
 Email for Confirmation: _____
 CBR: _____
 Rate Plan: _____
 Tribal Plan: _____
 Equipment Type: _____
 ESN: _____
 Phone User (Authorized on Account for Equipment Issues Only): _____

Office Use Only

Application Number: _____
 Account Number: _____
 Representative Name: _____
 MTN: _____
 Date Completed: _____
 Eligibility Documents Received: _____