

Attachment 3



Enrollment Number: _____

REQUIRED WASHINGTON APPLICATION FORM LIFELINE ASSISTANCE PROGRAM

Please Read All Instructions Before Completing

Date: _____

SECTION I

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 application approval.

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

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Home Phone Number
_____	_____	_____	_____
Cell-Phone Number	Contact Phone Number	E-mail	
_____	_____	_____	_____
Street / Apartment No.	City	State	Zip Code
_____	_____	_____	_____
	DSHS 9 digits code	Last 4 digits of the SSN	Birth Date

SECTION II

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

- Food Stamps
- Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TANF)
- State Family Assistance (SFA)
- General Assistance
- Refugee Assistance
- Medical Assistance (including Medicare cost-sharing programs)
- Community Options Program Entry System (COPES)
- DSHS Chore Services

Please make sure that you complete SECTION III on next page

SECTION III

PLEASE READ AND SIGN THE FOLLOWING:

Penalty of Perjury

Under title 18 U.S.C. § 1621, whoever willfully states as true any material matter which he does not believe to be true in a statement under penalty of perjury, is guilty of perjury and shall, except as otherwise expressly provided by law, be fined or imprisoned not more than five years, or both.

I certify under penalty of perjury that:

- I am eligible for and currently receive benefits from the public assistance program(s) as identified herein.
- I do not currently receive Lifeline support for a land or wireless line serving my residential address, listed in page one of this application, and no other resident at my residential address participates in the Lifeline program; otherwise I agree to cancel my current household Lifeline support provider or Washington Telephone Assistance Program service in favor of SafeLink Wireless®.
- I am head of household and I am not claimed as a dependent on someone else's federal or state tax return.
- I will notify SafeLink Wireless® when I no longer qualify for any of the public assistance programs identified herein by calling 1-800-SafeLink (723-3546)
- I will notify SafeLink Wireless® of any change of address by calling 1-800-SafeLink (723-3546)
- The information contained on this form is true and correct to the best of my knowledge and belief.

I authorize SafeLink Wireless® or its duly appointed representative to access any records required to verify my statements herein and to confirm my continued eligibility for Lifeline assistance. I also 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 the Lifeline assistance. I understand that completion of this application does not constitute immediate approval for Lifeline.

By signing below, I acknowledge that providing fraudulent documentation/information in order to receive assistance is punishable by law.

Printed Name _____ Date _____

Applicant Signature _____

Privacy Law

Yes. Would you like to receive prerecorded messages regarding special offers for SafeLink Customers and promotional offers from TracFone at the Home Telephone number provided in the Contact Information?

**Please return information to: SAFELINK WIRELESS®
PO Box 220009
Milwaukie OR 97269-0009**

OR Fax application to: 1-866-902-5756

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

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LIFELINE ASSISTANCE PROGRAM**

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SECTION II

HOUSEHOLD INCOME: Eligibility may apply if your total household income is at or below 135% of the Federal Poverty Guidelines

Please check the box that applies to you:

Persons in Family or Household	Annual Income	Monthly Income	Please Check
1	\$14,621	\$1,218	<input type="radio"/>
2	\$19,670	\$1,639	<input type="radio"/>
3	\$24,719	\$2,060	<input type="radio"/>
4	\$29,768	\$2,481	<input type="radio"/>
5	\$34,817	\$2,901	<input type="radio"/>
6	\$39,866	\$3,322	<input type="radio"/>
7	\$44,915	\$3,743	<input type="radio"/>
8	\$49,964	\$4,164	<input type="radio"/>
For each additional person, add	\$5,049	\$421	<input type="radio"/>

You must submit proof of total household income for income-based qualification. For Example:

- Federal or state tax return.
- Current income statement or W2 from an employer.
- Retirement/Pension statement of benefits.
- Any other legal document that would show income such as Divorce Decree or Child support document
- 3 consecutive months of current pay stubs
- Social Security statement of benefits
- Unemployment/Workers Compensation statement of benefits.

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