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October 17, 2012

VIA OVERNIGHT DELIVERY

Mr. Dave Danner, Executive Director
State of Washington
Utilities and Transportation Commission
1300 S. Evergreen Park Dr., SW
Olympia, WA 98504

Re: i-wireless, LLC; Docket UT-101640 Compliance Filing

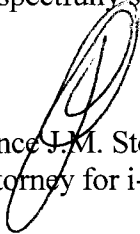
Dear Mr. Danner:

Enclosed please find for filing and approval an original and twelve (12) copies of i-wireless, LLC's amended Attachment C (Revised Lifeline Customer Application Form) to its Compliance Filing originally filed on September 26, 2012 in accordance with Order No. 01 issued September 13, 2012 in the above referenced docket, Appendix B No. 2.

I have also enclosed an extra copy of this letter to be date stamped and returned to me in the enclosed, self-addressed, postage prepaid envelope.

If you have any questions or if I may provide you with any additional information, please do not hesitate to contact me. Thank you.

Respectfully submitted,


Lance J.M. Steinhart
Attorney for i-wireless, LLC

Enclosures
cc: Nicki Wollenhaupt

RECEIVED
OPERATIONS MANAGEMENT
2012 OCT 18 AM 9:41
STATE OF WASH
UTIL. AND TRANS
COMMISSION

ATTACHMENT C

Revised Lifeline Customer Application Form

WASHINGTON LIFELINE CERTIFICATION FORM

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. Service requests will not be processed until this form has been received and verified by Company.

Things to know about the Lifeline Program:

- (1) Lifeline is a federal benefit.
- (2) Lifeline Service is available for only one line per household. A household cannot receive benefits from multiple providers; and
- (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.

Mail application to: **Access Wireless, 420 Progress Drive, Mattoon, IL 61938-9949** OR for faster processing fax to: **1-973-599-6573**

APPLICANT INFORMATION:

First Name: _____ MI: _____ Last Name: _____

Residence Address: _____ APT/Floor/Other _____ This address is: Permanent Temporary Multi-Household
(No PO Boxes, Must be your principal address)

City: _____ State: _____ ZIP Code: _____ Contact Telephone Number: _____

Date of Birth: _____ Last 4 digits of your Social Security Number (or Tribal ID Number): _____

I hereby certify that I am currently enrolled in at least one of the following programs: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) Food Stamps | <input type="checkbox"/> Federal Public Housing Assistance (FPHA)/ Section 8 |
| <input type="checkbox"/> Medicaid | ** INDIVIDUALS OR FAMILIES LIVING IN TRIBAL LANDS ONLY |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Head Start Program (income qualifying standards only) |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Bureau of Indian Affairs General Assistance (BIA) |
| <input type="checkbox"/> National School Lunch Program's Free Lunch Program (NSLP) | <input type="checkbox"/> Food Distribution Program on Indian Reservations |
| <input type="checkbox"/> Low Income Home Energy Assistance Plan (LIHEAP) | <input type="checkbox"/> Tribal Temporary Assistance for Needy Families (TTANF) |

DSHS Client ID (If SNAP, SSI, Medicaid or TANF Selected): _____

I hereby 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 PROOF OF INCOME.

Tribal Eligibility: _____ I hereby certify that I reside on Federally-recognized Tribal lands.

I certify, under penalty of perjury: **(Initial by Each Certification)**

- _____ (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 and may result in me being barred from the program.
- _____ (2) That I am a current recipient of the above program, or have an annual household income at or below 135 percent of the FPG
- _____ (3) I have provided documentation of eligibility if required to do so.
- _____ (4) I understand that I and my household can only have one Lifeline-supported telephone service. My telephone company has explained the one-per household requirement. I understand that violation of the one-per-household requirement constitutes a violation of the FCC's rules and will result in my de-enrollment from the lifeline program, and could result in criminal prosecution by the United States Government.
- _____ (5) I attest to the best of my knowledge, that I and no one in my household are receiving a Lifeline supported service from any other land line or wireless company such as Tracfone, YourTel, and CenturyLink.
- _____ (6) I understand Lifeline service is a non-transferable, and that I may not transfer my service to any individual, including another eligible low-income consumer.
- _____ (7) I understand that if my service goes unused for sixty (60) days, my service will be suspended subject to a thirty (30) day period which I may use the service or contact the Company to confirm that I want to continue receiving Lifeline service from the Company.
- _____ (8) I will notify my telephone company within thirty (30) days if I no longer qualify for Lifeline. I understand this requirement and may be subject to penalties if I fail to notify my phone company. Specifically, I will notify my company if my household:
 - (1) ceases to participate in the above federal or state program or my annual household income exceeds 135% FPG.
 - (2) is receiving more than one Lifeline supported service;
 - (3) no longer satisfies the criteria for receiving Lifeline support.
- _____ (9) I will notify my phone company within thirty (30) days of moving. Additionally, if my address listed above is a temporary address, I understand that I must re-verify my address with my telephone company every ninety (90) days. If I fail to respond to my telephone companies' address verification attempts within thirty (30) days, I may be de-enrolled from my Lifeline service.
- _____ (10) My telephone company has explained to me that I am required each year to re-certify my continued eligibility for Lifeline at any time, and that if I fail to do so within thirty (30) days, it will result in the termination of my Lifeline benefit.
- _____ (11) I authorize and understand that my phone company may provide to state and Federal agencies, as required by law, for the purposes of complying with the Lifeline program all the information related to my account including but not limited to my name, date of birth, social security, usage history, address and phone number.
- _____ (12) I understand that my name, telephone number, date of birth, last four digits of my social security number, and address will be divulged 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 subsidy. I understand that if USAC identifies I am receiving more than one Lifeline subsidy, all carriers involved may be notified so that I may select one service and be de-enrolled from the other.

X _____ / / _____ Shopper Loyalty Number: _____
 APPLICANT'S SIGNATURE (Please use blue or black ink) Date



WA99919999999999

Application Number _____ Agent Name _____ Dealer/Kroger ID: _____