Exhibit A

assurance wireless
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Washington
Application

WA99999999999976

START HERE

PLEASE CERTIFY YOUR ELIGIBILITY:
1. Be sure to include your DSHS Client ID, last 4-digits of your SSN and birth date in Section A.
2. You may use either Section B **OR** Section C to qualify
3. **Remember: Sign and date the form in Section D**
4. Attach documents to support your eligibility in Section C
5. Mail the application to:
   Assurance Wireless, PO Box 7600, Mattoon, IL 61938-9953
   Or Fax materials to: 1-877-732-3018

A PERSONAL INFORMATION

The person below **MUST BE** the same person applying for the discount. Please do not forget to sign the application below in Section D.

First name: _____ (Please Print Clearly) Last name: _____ (Please Print Clearly) Home telephone number: _____ (Will Become Your Application ID/Account PIN)

Street address: _____ (PO Boxes Cannot Be Accepted) Apt. _____ _____ DSHS Client ID (9 digits) ____/____/____ Birth date (mm/dd/yyyy)

City: _____ State: _____ Zip Code: _____ Last 4 digits of SSN ☐ ☐ ☐ ☐

B PROGRAM-BASED ELIGIBILITY

Fill in all bubbles for all program(s) the person in Section A is currently enrolled. Remember to include your DSHS Client ID, last 4-digits of your SSN and birth date in Section A.

○ Community Options Program Entry System (COPES)
○ Disability Lifeline (formerly General Assistance)
○ DSHS Chore Service
○ Medical Assistance (including Medicare cost-sharing programs)
○ Refugee Assistance

○ State Family Assistance (SFA)
○ Supplemental Nutrition Assistance Program SNAP (Food Stamps)
○ Supplemental Security Income (SSI)
○ Temporary Assistance to Needy Families (TANF)

(No Need to Provide Program Documentation)   **If you have filled in one or more bubbles, skip to SECTION D**

— **OR** —

C INCOME-BASED ELIGIBILITY

Calculate **TOTAL** household income by reporting the income of all adult persons residing in your home in the appropriate category:

Household Size	Maximum Yearly Income
○ 1	$14,702
○ 2	$19,859
○ 3	$25,016
○ _____	$ _____

If you have more than 3 people in your household, write the number and add $5,157 for each additional person on top of the $25,016.

You must attach proof of income reported. Examples include:
▪ Prior year's State or Federal income tax return **OR**
▪ Most recent type of current statement from the income source(s) noted below:
  ▪ **Three consecutive months'** worth of your most current pay stubs
  ▪ Social Security benefits statement
  ▪ Veterans Administration benefits statement
  ▪ Retirement/Pension benefits statement
  ▪ Divorce decree or child support document
  ▪ Unemployment/Workers Compensation benefits statement

(Supporting Documentation WILL NOT Be Returned)

D SIGNATURE

By signing below, I certify under penalty of perjury that the information contained within this application is true and correct and that I am head of my household. I also acknowledge that providing false or fraudulent documentation in order to receive assistance is punishable by law and the penalties of perjury include monetary fines and potential imprisonment.

I understand that completion of this application does not constitute immediate approval for Assurance Wireless service. I authorize Assurance Wireless or its duly appointed representative to access any records (including financial records) required to verify my statements herein and to confirm my eligibility for Assurance Wireless service. I authorize social service agency representatives to discuss with and/or provide information to Assurance Wireless verifying my participation in public assistance programs that qualify me for Assurance Wireless service. I also authorize Assurance Wireless to release any records (including financial records) required for the administration of Assurance Wireless service.

I understand that I may be required to verify my continued eligibility for Assurance Wireless service at any time. Failure to verify eligibility will result in termination of Assurance Wireless service. In the future, if my total household income exceeds 135% of the federal poverty guidelines, or I am no longer eligible to receive benefits from at least one of the qualifying public assistance programs listed above, I will notify Assurance Wireless within five (5) days.

I understand that Lifeline Assistance is only available for one landline or wireless phone per household. If I currently have a Lifeline plan with a different phone service provider, I will notify my current provider when I am approved for Assurance Wireless service.

For Washington state customers, complaints regarding Lifeline service may be directed to the Washington state Office of Attorney General, Consumer Protection Division at 1-800-551-4636. I authorize DSHS to disclose or give access to confidential information about me for one year from the date of this application for the purpose of determining my eligibility for Lifeline Assistance.

X_____ ____/____/____
SIGNATURE (Please use blue or black ink)   Date

X_____
PRINTED NAME

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