

LIFELINE CERTIFICATION FORM

Initial Lifeline Enrollment Re-Verification of Lifeline Enrollment

PERSONAL INFORMATION

PLEASE FILL OUT THE FOLLOWING INFORMATION:

First Name: Middle Name:

Last Name: Date of Birth: / /

Social Security # (last four digits): DSHS Client # Tribal Identification #:

Alt. Contact #: () -

Email Address:

I certify that I reside on a Federally recognized Tribal land. (For Tribal Residents Only)

PLEASE READ AND ACKNOWLEDGE YOU AGREE BY INITIALING EACH STATEMENT BELOW, UNDER PENALTY OF PERJURY

The information contained within this application is true and correct. I acknowledge that providing false or fraudulent documentation in order to demonstrate eligibility for the Lifeline program is punishable by fine or imprisonment.

I understand that Lifeline is a federal government benefit program and that only qualified persons may participate in the Lifeline program.

I understand that Lifeline is only available for one phone line per household, whether landline or wireless. Other Lifeline Providers Include: Tracfone, Assurance, YourTel, Cingular Wireless, T-Mobile, CenturyLink Quest Corporation, Frontier Communications. To the best of my knowledge no one in my household is receiving Lifeline service. A household is defined, for purpose of the Lifeline program, as any individuals who live together at the same address and share income and expenses.

I certify that I am at least 18 years of age and not currently receiving a Lifeline telephone service from any other landline or wireless telephone company. I will only receive Lifeline from Budget PrePay and no other landline or wireless telephone company. Any violation of the one phone line per household limitation will result in de-enrollment from the Lifeline program and may be punished by fine or imprisonment.

I will not transfer my service to any other individual, including another eligible low-income consumer.

I authorize Budget PrePay to access any records required to verify my eligibility for Lifeline service. I also authorize Budget PrePay to release any of my records required for the administration of the Lifeline program.

I understand that I will be required to verify my continued eligibility for Budget PrePay's Lifeline service at least annually, and that I may be required to verify my continued eligibility at anytime, and that failure to do so will result in termination of Lifeline benefits. I will notify Budget PrePay immediately if I no longer qualify for Lifeline, or if I have a question as to whether I would still qualify.

I will notify Budget PrePay within thirty (30) days if my home address changes. If the address I have provided is a temporary address, I understand that I must verify my address every ninety (90) days. Failure to provide such notification or verification may result in de-enrollment from the program.

I authorize Budget PrePay to contact me by interactive voice response (IVR), or other means, to notify me of annual Lifeline re-verification and the company's 60-day non-usage reminder.

I understand that completion of this application does not constitute immediate approval for Lifeline service.

ELIGIBILITY

QUALIFYING BENEFICIARY (Complete if a dependent residing in your household is receiving benefits from the programs listed below.)

First Name: _____ MI: _____ Last Name: _____

PLEASE CHECK ALL THAT APPLY AND PRESENT BUDGET EMPLOYEE WITH PROOF OF PROGRAM QUALIFICATION:

- | | | |
|--|---|--|
| <input type="checkbox"/> Food Stamps (SNAP) | <input type="checkbox"/> Temporary Assistance for Needy Families | <input type="checkbox"/> Bureau of Indian Affairs General Assistance (BIA) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Low Income Home Energy Assistance Program | <input type="checkbox"/> Tribally-Administered Temporary Assistance for Needy Families (TTANF) |
| <input type="checkbox"/> Federal Housing Assistance (Section 8) | <input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR) | <input type="checkbox"/> Tribally-Administered Head Start Program (income based only) |
| <input type="checkbox"/> National School Lunch (Free Program Only) | <input type="checkbox"/> Medicaid | |

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 INCOME QUALIFICATION: Persons whose household income is at or below 135% of national poverty level qualify for Lifeline credit. This option is only available at a Budget Mobile retail location. Customer must provide proof of income.

How many people are in your Household? _____

Persons in HH – 135% Annual Income (at or below)

(1) \$15,080 (2) \$20,426 (3) \$25,772 (4) \$31,118 (5) \$36,464

Add \$5,346 for each additional person.

TO QUALIFY BASED ON YOUR INCOME, YOU MUST PROVIDE COPIES OF ONE OR MORE OF THE DOCUMENTS LISTED BELOW. IF YOU PROVIDE DOCUMENTATION THAT DOES NOT COVER A FULL YEAR (SUCH AS CURRENT PAY STUBS), YOU MUST SUBMIT THREE (3) CONSECUTIVE MONTHS OF THE SAME TYPE OF DOCUMENT WITHIN THE PREVIOUS 12 MONTHS.

- Current income statement from employer or paycheck stub
- Social Security benefits statement
- Unemployment/Workers Compensation benefits statement
- Divorce decree or child support document
- Retirement/Pension benefit statement
- Veterans Administration benefits statement
- Prior year's state, federal or tribal tax return

(NOTE: Proof of income qualification not required during annual re-verification of Lifeline eligibility.)

RESIDENTIAL ADDRESS (No PO boxes, must be your principal address)

This address is: Permanent Temporary

I share an address with another person(s) at least 18 years of age. Yes No

If Yes, please complete the following:

This person(s) is part of a separate household, that is, this person does not share or contribute to my household's income and expenses. Yes No

Please note that if someone else currently receives a Lifeline-supported service at your address, you will be required to complete a separate worksheet to determine whether you are eligible to receive Lifeline support.

Street Address:

Name of Apt. Complex/Multi Resident Facility:

Apt. No.: Multi Resident Facility Room/Bed No.:

City: State: Zip Code:

BILLING ADDRESS

Same as Residential Address

Street Address:

Name of Apt. Complex/Multi Resident Facility:

Apt. No.: Multi Resident Facility Room/Bed No.:

City: State: Zip Code:

Penalty of Perjury

Under Title 18 U.S.C. §1621, whoever will state 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.

BY LAW THE LIFELINE PROGRAM IS ONLY AVAILABLE FOR ONE PHONE PER HOUSEHOLD, WHETHER LANDLINE OR WIRELESS, NO EXCEPTIONS

Complaints concerning Lifeline service can be directed to Budget Mobile at 888-424-5588 or the Washington State Office of the Attorney General at 206-464-6684, 800-551-4636, or by visiting www.atg.wa.gov.

Signature _____ Date _____

FOR AUTHORIZED EMPLOYEE USE ONLY

Shelter/Multi Resident Authorization Code - - Customer Mobile Phone - -

Customer Account #

I certify that I reviewed the appropriate eligibility database to determine the above applicant's Lifeline eligibility status. Should an eligibility database not be available I certify that the above applicant demonstrated their eligibility by providing their eligibility documentation and that such documentation has been reviewed for accuracy and legitimacy.

Specific Documentation Presented by Customer and Examined by Company Representative

Store Representative Signature _____ Date _____

AGENT ID