

# Oregon Lifeline Application

Oregon Lifeline is a federal and state government program that lowers the monthly cost of phone or internet service for qualifying low-income households.

If you qualify (see page 2), complete sections 1 through 5 and submit it to the service provider of your choice on page 4.



## Your Information - Please print clearly.

All highlighted fields are required.

<b>Full legal name</b> First Middle Last		
<b>Phone number</b> - -	<b>Date of birth</b> Month / Day / Year	
<b>Email address</b> @	<b>Social Security Number (SSN)</b> - -	
<b>Home address</b> <i>(The address where you will get service. Do not use a P.O. Box)</i>		Apt., Unit, etc.
<b>City</b>	<b>State</b> Oregon	<b>Zip Code</b>
<b>Is this a temporary address?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Mailing address</b> <i>(if different than home address)</i>		Apt., Unit, etc.
<b>City</b>	<b>State</b>	<b>Zip Code</b>

Only fill this section out if you are applying through a child or dependent.

<b>Their full legal name</b> First Middle Last		
<b>Their date of birth</b> Month / Day / Year		<b>Their full Social Security Number (SSN)</b> - -

# Eligibility – Choose how you qualify for Lifeline.

## 2a

Place a check mark  next to the program that qualifies you.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | } | Eligibility documentation <u>not</u> required.<br>Access and enTouch Wireless require proof of identity. |
| <input type="checkbox"/> Supplemental Security Income (SSI)               |   |  |
| <input type="checkbox"/> Medicaid   |   |  |
| <input type="checkbox"/> Veterans or Survivor’s Pension Benefit           | } | Eligibility documentation required.<br>Proof of identity required.                                       |
| <input type="checkbox"/> Federal Public Housing Assistance (Section 8)    |   |  |

Complete Section 2b **ONLY** if you do not qualify for any programs in Section 2a.

or

## 2b

Place a check mark  next to your Household Size. To qualify, your Household Yearly Income must fall within the range indicated next to your Household Size. A Household is defined as any individual or group of individuals who live together at the same address and share income and expenses. Proof of income must be included with your application.

Household Size	Gross Yearly Income	Household Size	Gross Yearly Income	Household Size	Gross Yearly Income
<input type="checkbox"/> 1	\$0 - \$16,862	<input type="checkbox"/> 3	\$0 - \$28,796	<input type="checkbox"/> 5	\$0 - \$40,730
<input type="checkbox"/> 2	\$0 - \$22,829	<input type="checkbox"/> 4	\$0 - \$34,763	<input type="checkbox"/> 6	\$0 - \$46,697

For each additional household member above 6, add \$5,967

Provide a copy of one or more of the following documents as proof of your income:

- Last year’s Federal or State income tax return
  - Current annual income statement from employer
  - Pay stubs for any three consecutive months within the last 12 months
  - Veteran’s Administration statement of benefits
  - Unemployment or Workers’ Compensation statement of benefits
  - Social Security statement of benefits
  - Retirement or Pension statement of benefits
  - Divorce decree or Child Support documentation containing income information
- } Proof of identity required.

# 3

## Agreement

I agree, under penalty of perjury, to the following statements:

You must initial next to each statement.

Initial

I understand that completing this application does not immediately approve me for the Oregon Lifeline benefit. I will be notified in writing of my application status.

Initial

I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit.

- A household is defined as any persons who live together at the same address and share income and expenses.

Initial

I agree that my service provider can give the Oregon Public Utility Commission, the Federal Communications Commission (FCC), and the Universal Service Administrative Company (USAC) all of the information I am giving on this form. I understand that this information is meant to help run the Lifeline Program and that if I do not give it, I will not be able to get Lifeline benefits.

Initial

I understand that my Oregon Lifeline benefit may not be transferred or given to another person.

Initial

I agree that if I move, I will give my service provider my new address within 30 days.

Initial

I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:

- 1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore.
- 2) Either I or someone in my household gets more than one Lifeline benefit (including, more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services).

Initial

The Oregon Public Utility Commission may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.

Initial

I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

Initial

All the information and agreements that I provided on this form are true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_

Month / Day / Year

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# 4

## Agent Information

Answer only if a sales person submits this form.

Agent's full legal name

First

Middle

Last

Agent's ID number

Agent's date of birth

Month

Day

Year



## Service Provider

- Place a check mark  next to the service provider of your choice.
- Include with your application a copy of your eligibility documentation and proof of identity,\* if required. See section 2a or 2b

\*Proof of identity can include your driver's license, U.S. Government, Military, or state issued ID.

### Access Wireless

- Access Wireless provides a free phone or you can use your own phone (if compatible).

Voice Plan: 1,250 free minutes, unlimited text messages, and 50 MB of data.

Data Plan: 500 free minutes, unlimited text messages, and 2 GB of data.

- Submit application by mail to:

**Access Wireless**  
**One Levee Way, Ste 3116**  
**Newport, KY 41071**

—or—

- Apply online at [www.accesswireless.com/lifeline](http://www.accesswireless.com/lifeline)

Questions? Contact Access Wireless at 1-888-900-5899

### Assurance Wireless

- Assurance Wireless provides a free phone or you can use your own phone (if compatible).
- Data Plan: 750 free minutes, unlimited text messages, and 2 GB of data.
- Submit application by mail to:

**Assurance Wireless**  
**PO Box 5040**  
**Charelston, IL 61920-9907**

—or—

- fax to: 1-877-732-3018

—or—

- Apply online at [www.assurancewireless.com](http://www.assurancewireless.com)

Questions? Contact Assurance Wireless at 1-888-898-4888

#### FOR YOUR SECURITY WITH ASSURANCE WIRELESS

If you qualify, you'll need an Account PIN to access your account and a Secret Answer in case you ever forget your PIN. Please write them down for safekeeping.

#### CHOOSE YOUR ACCOUNT PIN:

- It must be 6 numbers long
- No more than 3 consecutive numbers in a row (1234 won't work)
- Do not repeat numbers next to each other (44 won't work)
- No symbols or letters (@#PRTE won't work)

#### YOUR ACCOUNT PIN:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### YOUR SECRET ANSWER:

What is your favorite city?

Your Secret Answer: \_\_\_\_\_

### enTouch Wireless

- enTouch Wireless does not provide a free phone. You can use your own (if compatible) or purchase a compatible device.
- Plan: 1,000 free minutes, unlimited text messages, and 100 MB of data.
- Submit application by mail to:

**enTouch Wireless**  
**955 Kacena Rd, Ste A**  
**Hiawatha, IA 52233**

—or—

- Apply online at [www.entouchwireless.com](http://www.entouchwireless.com)

Questions? Contact enTouch Wireless at 1-844-891-1800

# Oregon Lifeline Household Worksheet

Lifeline is a benefit that lowers the monthly cost of phone or internet service. You are only allowed to get one Oregon Lifeline benefit per household, not per person.

## What this worksheet is for

Use this worksheet if someone else at your address gets Lifeline. The answers to these questions will help you find out if there is more than one household at your address.

## What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

### Examples of one household:

- A married couple who live together are one household. They must share one Lifeline benefit.
- A parent/guardian and child who live together are one household. They must share one Lifeline benefit.
- An adult who lives with friends or family who financially support him/her are one household. They must share one Lifeline benefit.

### Examples of more than one household:

- 4 roommates who live together but do not share money are 4 households. They can have one Lifeline benefit each, 4 total.
- 30 seniors who live in an assisted-living home are 30 households. They can have one Lifeline benefit each, 30 total.

## Household expenses

A household shares expenses. Household expenses include, but are not limited to, food, healthcare expenses, and the cost of renting or paying a mortgage on your place of residence and utilities.

## Income

Households share income. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.



## Your Information - Please print clearly.

All highlighted fields are required.

<b>Full legal name</b>		
First	Middle	Last
<b>Home address</b> <small>(The address where you will get service. Do not use a P.O. Box)</small>		Apt., Unit, etc.
<b>City</b>	<b>State</b> Oregon	<b>Zip Code</b>

# 2

## Can you apply?

Follow this decision tree to confirm if you qualify for the Oregon Lifeline Program.

### 1. Do you live with another adult?

Adults are people who are 18 years old or older, or who are emancipated minors. This can include a spouse, domestic partner, parent, adult son or daughter, adult in your family, adult roommate, etc.

Yes

If yes, answer question 2

No

**You can apply for Lifeline.** You live in a household that does not get Lifeline yet. *Please initial* line **B** below, *and sign* and date the worksheet.

### 2. Do they get Lifeline?

Yes

If yes, answer question 3

No

### 3. Do you share money (income and expenses) with them?

This can be the cost of bills, food, etc., and income. If you are married, you should check yes for this question.

Yes

No

**You do not qualify for Lifeline** because someone in your household already gets the benefit. You are only allowed to get one Lifeline discount per household, not per person.

**You can apply for Lifeline.** You live at an address with more than one household and your household does not get Lifeline yet. *Please initial* lines **A** and **B** below, *and sign* and date the worksheet.

# 3

## Agreement

Please initial the agreement below and sign and date this worksheet. Submit this worksheet to your service provider with your Oregon Lifeline Program Application Form.

**A** I live at an address with more than one household.

Initial

**B** I understand that the one-per-household limit is a Federal Communications Commission (FCC) rule and I will lose my Lifeline benefit if I break this rule.

Initial

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month Day Year