

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.

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

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

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

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.
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.
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 - \$17,226	<input type="checkbox"/> 3	\$0 - \$29,322	<input type="checkbox"/> 5	\$0 - \$41,418
<input type="checkbox"/> 2	\$0 - \$23,274	<input type="checkbox"/> 4	\$0 - \$35,370	<input type="checkbox"/> 6	\$0 - \$47,466

For each additional household member above 6, add \$6,048.

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.

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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).
- Plan: 500 free minutes, unlimited text messages, and 3 GB of data.
- Submit application by mail to:
Access Wireless
One Levee Way, Ste 3116
Newport, KY 41071

- Website: 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).
- Plan: 750 free minutes, unlimited text messages, and 3 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
 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

- Website: www.entouchwireless.com
 Questions? Contact enTouch Wireless at 1-844-891-1800