

MASSACHUSETTS CERTIFICATION FORM

LIFELINE ASSISTANCE PROGRAM

Enrollment ID: PromoCode:

Section 1

Date:

Please make sure that you could result in delays in you			rmation will be	validated against Public	c Records and any o	discrepancies
1. PLEASE PRINT name a	and physical residence	address of person verify	ing for assista	nce:		
Legal Last Name Legal First Name			MI		h Date M/DD/YYYY)	
Street Address / Apt. Numbe	er (no PO BOX allowed)		City		Zip Code	
Address Line 2	State	Check here if your address	s is temporary	Contact Phone Number	Email Address	
Mailing Address						
Mailing Address (PO Box al	lowed)	Mailing Address 2		City	Zip Code	State
Complete this part ONLY if	your child or depende	nt is the beneficiary of th	e qualifying pr	ogram.		
First Name		Last Name				SN (Last 4)
				(IMIN	//DD/YYYY)	
Choose your plan (chec	K one)	80 Fre		125 Free		0 Free
		Monthly M		Monthly Minutes		thly Minutes
		(unlimited text i	messages)	(unlimited text messa	ges) (unlimited	text messages)
All programs feature Loca Assistance at no Additiona	l Calls, National Long l	Distance, Voicemail, Nati	ionwide Text, F	Roaming at no Additiona	l Cost, Free 911, 41 The 68 and 125 mi	1 Directory
feature carry-over minutes will not carry-over the min	s from month to month	. You can send or receive	e unlimited tex	t messages per month w	vith any plan. The 3	50 minutes plan
carry-over for three conse	ecutive months. To pur	chase upgraded handse	ts go to TracFo	one.com and select any	phone except Andr	oid handsets.
Section 2						
I hereby certify that I partici	pate in at least ONE of	the following public assi	stance prograr	ms (select just ONE prog	gram):	
O Supplemental Nutrition A	Assistance Program (SN	AP) Food Stamps (*)	O Emerg	gency Aid to the Elderly, D	isabled & Children (E	AEDC)
O Temporary Assistance for	or Needy Families (TANF	-) (*)	🔘 Transi	tional Aid to Families with	Dependent Children (TAFDC)
O Medicaid or MassHealth			O Burea	u of Indian Affairs general	assistance	
O Supplemental Security In	ncome (SSI)		C Triball	y administered Temporary	Assistance for Need	y Families (Tribal

Federal Public Housing Assistance (Section 8)

U Low-Income Home Energy Assistance Program (LIHEAP)

National School Lunch Program's (Free Lunch Program)

○ Food Distribution Program on Indian Reservations (FDPIR)

Head Start (only those households meeting its income qualifying

If you receive assistance from one of the programs with (*) your eligibility will be validated against the State agency and no proof is necessary. If you have been recently approved to receive the program and want to avoid delays, you can submit proof at the end of the enrollment process (if presented the option) or by visiting our main page in the section Already a Customer. Remaining programs require proof of participation such as, an award letter from SSA or State agency stating that you receive the benefit, or similar official document. Provide Copies ONLY.

standard)

SafeLink is a Lifeline supported service. Lifeline is a federal benefit, and only eligible subscribers may enroll. Customers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program. Lifeline is available for only one line per household. A household is defined as any individual or group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household rule constitutes a violation of FCC rules, and will result in the Customer's de-enrollment from Lifeline. Lifeline is a non-transferable benefit, and a Customer may not transfer his or her benefit to another person.

Section 3

You MUST place a c	heck mark ($$) next to each st	atement, then Sign and Date be	low (your application cannot be approved without these items).				
I certify under pen	alty of perjury to each of th	ne following:					
1. I participate	e in the above designated qua	alifying program.					
	2. I understand that I must notify SafeLink within 30 days if I no longer participate in the qualifying program, if I or another member of my household obtains Lifeline supported service from another carrier, or, for any other reason, I no longer qualify for Lifeline support.						
	3. I understand I may be required to recertify my continued eligibility for Lifeline at any time, and failure to do so will result in termination of my Lifeline benefits.						
4. If I change my address, I will provide my new address to SafeLink within 30 days.							
5. I understand that my household may receive only one Lifeline supported service. My Household does not currently receive Lifeline Service OR my household currently receives Lifeline Service from another carrier and I authorize SafeLink to transfer my Lifeline benefit to SafeLink and I understand this will terminate my Lifeline benefits with my existing carrier.							
	ation contained in this applica mation to obtain Lifeline bene		best of my knowledge, and I acknowledge that providing false or				
confirm my cor telephone num for the purpose including the M	ntinued eligibility for Lifeline as ber, and address to the Unive of verifying that I do not rece lassachusetts Department of	ssistance; (3) to update my add ersal Service Administrative Cor eive more than one Lifeline ben	ccess any records required to verify my statements herein; (2) to ress to proper mailing address format; (4) to provide my name, npany (USAC) (the administrator of the program) and/or its agents efit; and (5) authorize social service agency representatives, uss with and/or provide information to Safelink Wireless® verifying				
By signing below, I s	eparately affirm and agree to	each of the above statements					
Printed Name			Date				
Applicant Signature			PromoCode				
E-Signature							
Referred	by a Friend						
Referred by a Friend	1						
Customer's First Name	3	Customer's Last Name	SafeLink Phone Number				
	this box if you would like to r lephone number provided in tl		ers for SafeLink customers and promotional offers from TracFone				
Please R	eturn to						
Mail Application:	SafeLink Wireless PO Box 220009 Milwaukie, OR 97269-0009	Or Fax Application	1 (866) 902-5756 For questions concerning Lifeline, please call SafeLink Wireless business office at 1 (800) SafeLink (723-3546)				

Lifeline Household Worksheet

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your household is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An **adult** is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household **expenses** include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). **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.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check no if you do not have a spouse or partner) **YES NO**

If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.

If you checked NO, please answer question #2.

2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?

A. A parent
B. An adult son or daughter
C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.)
D. An adult roommate
E. Other
YES NO
If you checked NO for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
If you checked YES , please answer question #3.
3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at
least one of the adults listed above in question #2? YES NO
If you checked NO , then your address includes more than one household . Please initial lines A and B below, and sign and date the worksheet. If you checked YES , then your address includes only one household . You may not sign up for Lifeline because someone in your household already receives Lifeline.
CERTIFICATION
Please initial the certifications below and sign and date this worksheet. Submit this worksheet to <u>SafeLink Wireless</u> along with your Lifeline application.
A. I certify that I live at an address occupied by multiple households.
B. I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may B.
Signature Date