

OHIO
APPLICANT INFORMATION



First Name: _____ MI: _____ Last Name: _____

Residential Address: _____ Apt/Floor/Other _____
(NO P.O. BOXES, MUST BE YOUR PRINCIPAL ADDRESS)

This address is: Permanent Temporary Multi-Household

Mailing Address: _____ Apt/Floor/Other _____

City: _____ State: _____ ZIP Code: _____

Contact Telephone Number: _____ Email Address: _____

Date of Birth: _____ Last 4-digits of Social Security Number (or full Tribal ID Number): XXX-XX-_____

I am a Tribal Resident: Yes No

QUALIFYING PROGRAM INFORMATION

Applicant must provide documented proof of program participation in a program indicated below.

- Federal Public Housing Assistance (FPHA)/Section 8
- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)/Food Stamps
- Supplemental Security Income (SSI)
- Veterans or Survivors Pension Benefit

QUALIFYING INCOME INFORMATION

You are eligible if your household income is at or below 135% of the Federal Poverty Guidelines (FPG). You must submit proof of total household income for income-based qualification. Acceptable proof can include the prior year's state, federal, or Tribal tax return; current income statement from an employer or paycheck stubs covering three consecutive months within the previous twelve months; a Social Security statement of benefits; a Veterans Administration statement of benefits; a retirement/pension statement of benefits; an Unemployment/Workers' Compensation statement of benefit; federal or Tribal notice letter of participation in General Assistance; or a divorce decree, child support award, or other official document containing income information.

# of Household Members	Annual Income	Check Box that Applies
1	\$16,038	<input type="checkbox"/>
2	\$21,627	<input type="checkbox"/>
3	\$27,216	<input type="checkbox"/>
4	\$32,805	<input type="checkbox"/>
5	\$38,394	<input type="checkbox"/>
6	\$43,983	<input type="checkbox"/>
7	\$49,586	<input type="checkbox"/>
8	\$55,202	<input type="checkbox"/>

For each additional household member above 8, add \$5,616.

Please select your preferred Lifeline rate plan:

- 500 MB data, Unlimited Text Messaging, 350 Minutes
- 500 Minutes, Unlimited Text Messaging, 50 MB Data

Important Information About the Lifeline Program

Access Wireless is a service provider for the government-funded Lifeline Assistance Program. Lifeline service is provided by i-wireless, LLC d/b/a Access Wireless, which is an eligible telecommunications carrier. Lifeline service is non-transferable. Only one Lifeline discount, consisting of wireline, wireless, or broadband internet access service may be received per household. A household is defined, for the purposes of the Lifeline program, 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 benefits from multiple providers. Violation of the one-per-household rule constitutes a violation of the FCC's rules and will result in the customer's de-enrollment from Lifeline and potentially prosecution from the United States government. Only eligible customers may enroll in the program. Consumers who willfully make a false statement in order to obtain the Lifeline benefit can be punished by fine or imprisonment or can be barred from the program. Customers must present proper documentation confirming eligibility for the Lifeline program. Your information will be validated against public records and any discrepancies could result in delays in your approval or rejection of service.

Activation & Usage Requirements

This service is a prepaid service and you must activate it by dialing 611 from your Access Wireless handset. To keep your account active, you must use your Lifeline service at least one during any 30-day period by completing an outbound call, sending a text message, using data, purchasing additional airtime from Access Wireless, answering an inbound call from someone other than Access Wireless, or by responding to a direct contact from Access Wireless, confirming that you want to continue receiving Lifeline service from them. If your service goes unused for 30 days, you will no longer be eligible for Lifeline benefits and your service will be suspended (allowing only 911 calls and calls to the Access Wireless Customer Care center) subject to a 15-day cure period during which you may use the service, as described above, or contact Access Wireless to confirm that you want to continue receiving your Lifeline service from them.

I hereby certify that I have read and understood the disclosures listed above regarding activation and usage requirements and important information about the Lifeline program.

You're almost done
CONTINUE FORM ON BACK

I hereby certify, under penalty of perjury that: (INITIAL BY EACH LINE)

- _____ (1) I meet the income-based or program-based criteria for receiving Lifeline service and have provided documentation of eligibility if required.
- _____ (2) I will notify Access Wireless within 30 days if for any reason, I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based eligibility criteria, I begin receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit. I understand that I may be subject to penalties if I fail to follow this requirement.
- _____ (3) I am not listed as a dependent on another person's tax return (unless over the age of 60).
- _____ (4) I attest to the best of my knowledge, that no one in my household, including myself, is receiving a Lifeline-supported service from any other landline or wireless company such as AT&T Ohio, SafeLink Wireless, or Q Link Wireless.
- _____ (5) The residential address listed above is my primary residence, not a second home or business.
- _____ (6) If I move to a new address, I will provide that new address to Access Wireless within 30 days.
- _____ (7) I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
- _____ (8) I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility within 30 days will result in de-enrollment and the termination of my Lifeline benefits.
- _____ (9) The information included in this certification form is true and correct to the best of my knowledge.
- _____ (10) If Access Wireless finds that I am already receiving a Lifeline discount benefit from another provider, I agree that I want to transfer my Lifeline discount benefit from that Lifeline provider to Access Wireless. I understand that once the transfer is complete, I will lose my Lifeline Program benefit with any other Lifeline provider from which I am currently receiving a Lifeline discount. Access Wireless has explained to me and I understand that I may not have multiple Lifeline Program benefits with the same or different providers.
- _____ (11) I certify that the individual named on the documentation used to demonstrate program participation or income eligibility is part of my household and is not already receiving a Lifeline benefit.
- _____ (12) If I am subject to a benefit port freeze with another Lifeline provider and I am transferring my benefit to Access Wireless, pursuant to an exception to the benefit port freeze, I understand that I am not required to provide proof of eligibility for Lifeline until the end of my port freeze, but I consent to providing such proof of eligibility to Access Wireless at this time.
- _____ (13) *If Applicable:* I reside at an address occupied by multiple households, including adults who do not contribute income to my household and/or share in my household's expenses, and I will complete a separate additional form.

AUTHORIZATIONS & CERTIFICATIONS (INITIAL BY EACH LINE)

- _____ (1) I hereby authorize Access Wireless to access any records to verify my statements on this form and to confirm my eligibility for the Lifeline program. I also authorize Access Wireless to release any records required for the administration of the Lifeline program including name, telephone number, address, date of birth, Social Security Number as required by state, amount of support being sought, means of qualification for support, and dates of service initiation and termination to the Universal Service Administrative Company, to be used in a Lifeline database and to ensure the proper administration of the Lifeline Program. Failure to consent will result in denial of service.
- _____ (2) I understand that I have the right to enroll in the Lifeline service using non-electronic methods. I further understand that I have the right to withdraw this consent at any time prior to activation of my service. Access Wireless has advised me that I may request a paper copy of my contract and associated fees by calling 611 from my mobile handset.
- _____ (3) I consent to receive notifications, including text messages, email and phone calls (by automatic telephone dialing system, manually, or with pre-recorded/artificial voice messages) from Access Wireless including, but not limited to, marketing messages, promotional offers, and informational messages on my Access Wireless cell phone about the Wireless Rewards program with the Kroger family of stores. I acknowledge that this consent is not a condition of purchasing any property, goods, or services. I understand that messaging and data rates generally do not apply to these messages and that I may withdraw my consent to receive these messages at any time by dialing 611 from my Access Wireless cell phone. Opting out will not affect the ability of Access Wireless to contact me with messages about my Access Wireless account via manually dialed, autodialed or pre-recorded/artificial voice calls or texts, or by email.

Mail application to:

Access Wireless
One Levee Way, Suite 3106
Newport, KY 41071

For faster processing fax to:

1-888-594-4473

You can also apply online at:

www.accesswireless.com

APPLICANT'S SIGNATURE *Please use blue or black ink*

DATE

This signed authorization is required in order to enroll you in the Lifeline Program in your state and is only for the purpose of verifying your participation in these programs and will not be used for any other purpose. Service requests will not be processed until this form has been received and verified by Access Wireless. By my signature immediately above, I hereby certify under penalty of perjury, and under Title 18 U.S.C. §1621, whoever willfully states as true any material matter which he/she does not believe to be true in a statement under penalty of perjury and shall, except as otherwise expressly provided by law, be fined or imprisoned not more than five years, or both and can be barred from the program.

**If you have any questions
CALL 1-888-450-1838**


access WIRELESS[®]
A government-funded Lifeline Assistance Program.