

# OHIO APPLICATION

Questions? Please Call 1-888-898-4888



## 1 PERSONAL INFORMATION (Please do not forget to SIGN the application in Section 4.)

The information below **MUST** be that of the person applying for Assurance Wireless service. You **MUST** be at least 18 years of age to apply.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_ (If applicable)

Date of Birth: / /  Last 4 digits of Social Security Number:

Home Address: Is this a temporary address?  Home Telephone Number: \_\_\_\_\_ (If applicable)

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_ (PO Boxes or General Delivery cannot be accepted)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Mailing Address: (if different from above)

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_ (PO Boxes allowed)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## 2 ELIGIBILITY

To be eligible for Assurance Wireless service, you or a member of your household must participate in a qualifying Program listed in 2A, **OR** your Household Yearly Income must meet the qualifications for Lifeline Assistance listed in 2B.

In order to process your application, you **MUST SEND PROOF OF ELIGIBILITY DOCUMENTATION**. Please **DO NOT** send original documents. (If you are not the Program participant, please provide the first and last name of the person participating in a qualifying Program listed in 2A.)

Program participant: \_\_\_\_\_ (First Name) \_\_\_\_\_ (Last Name)

### 2A PROGRAM-BASED ELIGIBILITY

#### Send in proof of Program participation.

Put a check mark  next to the documents that you are sending: Send a copy of ONE of these:

- Program participation document (your benefit ID card)
 Notice letter of participation (official letter from an authorized agency)
 Statement of benefits (from the past 12 months)

Put a check mark  next to the qualifying Program(s) your household is currently enrolled in:

- Supplemental Nutrition Assistance Program (SNAP)/Food Stamps
 Medicaid (Medicare is not acceptable)
 Supplemental Security Income (SSI) (Not the same as Social Security Benefits)
 Federal Public Housing Assistance (Section 8)
 Veterans and Survivors Pension Benefit

### OR INCOME-BASED ELIGIBILITY \$ 2B

#### Send in proof of Income.

Put a check mark  next to the documents that you are sending: Send a copy of ONE of these:

(Provide proof of Income for 12 months. If the documentation does not show a full year of Income, provide proof for 3 months in a row in the past 12 months.)

- Prior year's state or federal Income tax return
 Current Income statement from employer
 Federal notice letter of participation in General Assistance
 Divorce decree or child support document containing Income
 Social Security benefits statement
 Veterans Administration benefits statement
 Retirement or pension benefits statement
 Current paycheck stub
 Unemployment or Workers' Compensation benefits statement

To qualify, your Household Yearly income for your Household Size must be within the ranges listed below:

(A Household is one or more individuals who live together at the same address and share Income and expenses.)

How many individuals in your household? (including yourself)

- 1
 2
 3
 4 or more \_\_\_\_\_ (list how many)

Table with 2 columns: Household Size, Yearly Income. Rows: 1 (\$0-\$16,281), 2 (\$0-\$21,924), 3 (\$0-\$27,567), 4 (\$0-\$33,210\*)

\*To calculate the Yearly Income range for households with more than 4 members, add \$5,643 for each additional person.



Send in your application with the proof of eligibility (from Section 2.)



Mail to:

Assurance Wireless
PO Box 686, Parsippany, NJ 07054-9726

Fax to:

1-877-732-3018



OH999999999999XA



TURN OVER TO COMPLETE





**3 FOR YOUR SECURITY**

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:**

**AND**

**YOUR SECRET ANSWER:**

What is your favorite city?

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

**IMPORTANT INFORMATION ABOUT THE LIFELINE PROGRAM:** Assurance Wireless 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 de-enrolled or barred from the program. One Lifeline discounted service (landline or wireless) is available per household. A household is one or more 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 federal rules and will result in de-enrollment from the Lifeline program and potential prosecution by the United States government. Lifeline is a non-transferable benefit. Service cannot be transferred to any individual, including another eligible, low income consumer.

**4 SIGNATURE**

By signing and placing your initials next to all statements below, you are certifying under penalty of perjury that each of the below statements are true.

- I authorize Assurance Wireless or its agent to access any records (including financial records) required to verify my statements herein and to confirm my eligibility for Assurance Wireless service. I authorize state or federal agency representatives to discuss with, and/or provide information to, Assurance Wireless verifying my participation in public assistance Programs that qualify me for Assurance Wireless service.
- I consent to have my personal identification information shared with the Universal Service Administrative Company (USAC) (the Lifeline program administrator) and/or its agents for the purpose of confirming that neither I nor my household receives more than one Lifeline benefit.
- I authorize Assurance Wireless to provide access to or release any records required for the administration of Assurance Wireless service.
- I understand that the completion of this application does not constitute immediate approval for Assurance Wireless service.
- I acknowledge that once I have enrolled in a Lifeline-supported broadband plan with one carrier, I may need to wait 12 months before transferring my benefit to a new carrier. If approved, I understand that Assurance Wireless will become my Lifeline broadband provider for 12 months from the date of enrollment.

**YOUR APPLICATION CAN NOT BE APPROVED WITHOUT YOUR INITIALS ON ALL THE CERTIFICATIONS BELOW !**

- INITIALS I certify that I, or a member of my household meets the income-based or program-based eligibility criteria for receiving Lifeline; **AND**
- INITIALS I certify that I will notify Assurance 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 criteria for receiving Lifeline support, if I am receiving more than one Lifeline benefit, or if another member of my household is receiving a Lifeline benefit; **AND**
- INITIALS I certify that if I move to a new address, I will provide that new address to Assurance Wireless within 30 days; **AND**
- INITIALS I certify that my household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service; or if I currently have a Lifeline plan with a different phone service provider, and if I am approved for Assurance Wireless service, I consent to the transfer of my Lifeline benefit to Assurance Wireless and understand that once the transfer is complete, I will lose my Lifeline program benefit with my current phone service provider; **AND**
- INITIALS I certify that the information contained in my certification form is true and correct to the best of my knowledge; **AND**
- INITIALS I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; **AND**
- INITIALS 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 will result in de-enrollment and the termination of my Lifeline benefits.

**! YOUR APPLICATION CANNOT BE APPROVED WITHOUT YOUR INITIALS ON ALL THE STATEMENTS ABOVE AND YOUR SIGNATURE BELOW.**



SIGNATURE (Please use blue or black ink)

PRINTED NAME

TODAY'S DATE mm / dd / yyyy



- ✓ Have you provided your Date of Birth and your last 4 digits of SSN?
- ✓ Have you attached proof of eligibility?
- ✓ Have you **INITIALED** all of the statements in #4 above and **SIGNED** the Application?

**Your Application cannot be approved without these items.**