

## Section 1

Please make sure that you provide correct personal information. Your information will be validated against Public Records and any discrepancies could result in delays in your approval or rejection of service.

1. PLEASE PRINT name and physical residence address of person verifying for assistance:

Last Name	First Name	Middle Initial	Last 4 digits of SSN
Street Address/Apt. Number		Birthday	
Address Line 2		Check here if your address is temporary	Contact Phone Number
City	State	Zip	Email Address

Plan Features: Choose your plan (check one):	68 Free Monthly Minutes	125 Free Monthly Minutes	250 Free Monthly Minutes
Local Calls	✓	✓	✓
National Long Distance	✓	✓	✓
Voicemail	✓ (0.3 minutes/text)	✓ (1 minute/text)	✓ (1 minute/text)
Nationwide Text	✓	✓	✓
Roaming at no Additional Cost	✓	✓	✓
Free 911	✓	✓	✓
411 Directory Assistance at no Additional Cost	✓	✓	✓
Carry-Over Minutes from Month to Month	✓	✓	✓
*100+ International Long Distance Destinations	✓	✓	✗ **
*List of Destinations available at <a href="http://www.Safelink.com">www.Safelink.com</a>	✓	✗	✗

\*\*If you choose this plan, your unused minutes will be removed/wiped out and will not carry-over on your next monthly minutes delivery. However, if you purchase and redeem additional minutes cards, all unused minutes will carry-over for three consecutive months.

## Section 2

I hereby certify that I participate in at least ONE of the following public assistance programs (select just ONE program):

- |  |  |
|--|--|
| Medicaid   | Low-Income Home Energy Assistance Program (LIHEAP)   |
| Supplemental Nutrition Assistance Program (SNAP) Food Stamps | National School Lunch Program's (free lunch program) |
| Supplemental Security Income (SSI)                           | Temporary Assistance for Needy Families (TANF)       |
| Federal Public Housing Assistance (Section 8)                |  |

**You must send a COPY of any current document that proves your participation in one of the programs previously selected. All documents must have the same name and address as provided in this application.**

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 deenrollment 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 check mark (  ) next to each statement, then Sign and Date below (your application cannot be approved without these items).

I certify under penalty of perjury to each of the following:

1. I participate in the above designated qualifying 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. My household will receive only one Lifeline benefit and to the best of my knowledge, my household is no already receiving a Lifeline service.
6. The information contained in this application is true and accurate to the best of my knowledge, and I acknowledge that providing false or fraudulent information to obtain Lifeline benefits is punishable by law.

I authorize SafeLink Wireless or its duly appointed representative to: (1) access any records required to verify my statements herein; (2) to confirm my continued eligibility for Lifeline assistance; (3) to update my address to proper mailing address format; (4) to provide my name, telephone number, and address to the Universal Service Administrative Company (USAC) (the administrator of the program) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline benefit; and (5) authorize social service agency representatives to discuss with and/or provide information to SafeLink Wireless verifying my participation in benefit programs that qualify me for Lifeline assistance.

By signing below, I separately affirm and agree to each of the above statements

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
E-Signature

## Referred by a Friend

Referred By A Friend

\_\_\_\_\_  
Customer's First Name

\_\_\_\_\_  
Customer's Last Name

\_\_\_\_\_  
SafeLink Phone Number

Please check this box if you would like to receive pre-recorded special offers for SafeLink Customers and promotional offers from TracFone at the Home Telephone number provided in the Contact information.

## Please Return 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)