

# WASHINGTON APPLICATION INFORMATION



First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

This address is:  Permanent  Temporary  Multi-Household I am a Tribal Resident:  Yes  No

Mailing Address: \_\_\_\_\_ Apt/Floor/Other: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

DSHS Client ID: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4-digits of Social Security Number (or full Tribal ID Number): \_\_\_\_\_

### QUALIFYING PROGRAM INFORMATION

Applicant must provide proof of participation in an eligible program 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 divorce decree, child support award, or other official document containing income information.

# of Household Members	Annual Income	Check Box that Applies
1	\$16,281	<input type="checkbox"/>
2	\$21,924	<input type="checkbox"/>
3	\$27,567	<input type="checkbox"/>
4	\$33,210	<input type="checkbox"/>
5	\$38,853	<input type="checkbox"/>
6	\$44,496	<input type="checkbox"/>
7	\$50,139	<input type="checkbox"/>
8	\$55,782	<input type="checkbox"/>

For each additional household member above 8, add \$5,643.

\*Applicant must also provide proof of Identification and Address.

Approved Lifeline subscribers receive a monthly allotment of  
**750 Minutes, Unlimited Text, and 500 MB of 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 either wireline or 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 and 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 once during any 30-day period by completing an outbound call, sending a text message, using data, purchasing additional minutes or data 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 Important Information About the Lifeline Program and Activation and Usage Requirements.

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

- \_\_\_\_\_ (1) I meet the income-based or program-based eligibility 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 Safelink Wireless, Assurance Wireless, or CenturyLink.
- \_\_\_\_\_ (5) If I move to a new address, I will provide that new address to Access Wireless within 30 days.
- \_\_\_\_\_ (6) The Residential address listed above is my primary residence, not a second home or business.
- \_\_\_\_\_ (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 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.
- \_\_\_\_\_ (12) *If Applicable:* I reside on Federally recognized Tribal Lands.

**AUTHORIZATION & 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 i-wireless LLC d/b/a Access Wireless, along with its agents and partners, including but not limited to marketing messages, promotional offers, and informational messages on my Access Wireless cell phone number. 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 or logging in to my account at [www.accesswireless.com](http://www.accesswireless.com). Opting out will not affect the ability of Access Wireless to contact me with messages about my Access Wireless Lifeline program benefit or service functionality via manually dialed, autodialed, or prerecorded/artificial voice calls or texts, or by email.
- \_\_\_\_\_ (4) Until such time as I notify Access Wireless that I no longer meet the criteria for receiving Lifeline or until for any reason I am de-enrolled and my Access Wireless Lifeline benefits are terminated, I authorize DSHS to disclose or give access to confidential information about me for the purposes of verifying my initial and continued eligibility for Lifeline Assistance.

**Mail Application, Household Worksheet, Proof of Eligibility, Identification and Address to:**

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

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

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.

# About Lifeline

**Lifeline is a benefit that lowers the monthly cost of phone or internet service (not both). You are only allowed to get one Lifeline benefit per household, not per person.**

## What this worksheet is for

Use this worksheet if someone else at your address gets Lifeline. The answers to these questions will help you find out if there is more than one household at your address.

## What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

### Examples of one household:

- A married couple who live together are one household. They must share one Lifeline benefit.
- A parent/guardian and child who live together are one household. They must share one Lifeline benefit.
- An adult who lives with friends or family who financially support him/her are one household. They must share one Lifeline benefit.

### Examples of more than one household:

- 4 roommates who live together but do not share money are 4 households. They can have one Lifeline benefit each, 4 total.
- 30 seniors who live in an assisted-living home are 30 households. They can have one Lifeline benefit each, 30 total.

## Household expenses

A household shares expenses. Household expenses include, but are not limited to, food, healthcare expenses, and the cost of renting or paying a mortgage on your place of residence and utilities.

## Income

Households share income. 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.



**What is your full legal name?**  
The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First Last Middle (optional) Suffix

**What is your mailing address?** (Only fill this out if it is not the same as your home address.)

Street Number and Name Apt., Unit, etc.

City State Zip

# Can you apply?

Follow this decision tree to confirm if you qualify for the Lifeline Program.

## 1. Do you live with another adult?

Adults are people who are 18 years old or older, or who are emancipated minors. This can include a spouse, domestic partner, parent, adult son or daughter, adult in your family, adult roommate, etc.

Yes

*If yes, answer question 2*

No

**You can apply for Lifeline.** You live in a household that does not get Lifeline yet. *Please initial* line **B** on page 3, *and sign* and date the worksheet.

Check this box

## 2. Do they get Lifeline?

Yes

*If yes, answer question 3*

No

**You can apply for Lifeline.** You live at an address with more than one household and your household does not get Lifeline yet. *Please initial* lines **A** and **B** on page 3, *and sign* and date the worksheet.

Check this box

## 3. Do you share money (income and expenses) with them?

This can be the cost of bills, food, etc., and income. If you are married, you should check yes for this question.

Yes

No

**You do not qualify for Lifeline** because someone in your household already gets the benefit. You are only allowed to get one Lifeline discount per household, not per person.

Check this box



# Agreement

Please initial the agreement below and sign and date this worksheet. Submit this worksheet to your service provider with your Lifeline Program Application Form.

  
Initial

**A** I live at an address with more than one household.

  
Initial

**B** I understand that the one-per-household limit is a Federal Communications Commission (FCC) rule and I will lose my Lifeline benefit if I break this rule.

Signature	Today's Date
<input type="text"/>	<input type="text"/>

## Notice

**PRIVACY ACT STATEMENT:** The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

**Authority:** Section 254 of the Communications Act (47 U.S.C. § 254), as amended, 47 U.S.C. §254, authorizes the FCC to operate the Lifeline program. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.).

**Purpose:** We are collecting this personal information so we can verify that you qualify for the Lifeline program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, which we have published in 82 Fed. Reg. 38686 (Aug. 15, 2017).

**Routine Uses:** We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

**Disclosure:** You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.