

Smith Bagley Inc. dba Cellular One of NE AZ – Lifeline Program Certification Form

You must complete ALL required sections **completely and legibly** or your service provider may not be able to verify your eligibility and enroll you in the Lifeline Program. Your information will be validated against public records and any inconsistencies could result in delays in approval or rejection from receiving the Lifeline Benefit.

Section 1: Subscriber Information

1 First Name:	2 Last Name:
3 Telephone Number:	4 Date of Birth (mm/dd/yyyy):
5 Social Security Number:	6 Tribal ID:
7 Drivers License Number:	8 Alternate Contact Number

9 I reside on Tribal Lands*: Yes No *Tribal lands include any federally recognized Indian tribe's reservation, pueblo, or colony, including former reservations in Oklahoma; Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688); Indian allotments; Hawaiian Home Lands—areas held in trust for Native Hawaiians by the state of Hawaii, pursuant to the Hawaiian Homes Commission Act, 1920 July 9, 1921, 42 Stat. 108, et. seq., as amended; and any land designated as such by the Commission for purposes of this subpart pursuant to the designation process in [47 C.F.R.] § 54.412*

Subscriber's address of primary residence (no P.O. Box):

10 Street Address:	11 Apt:	
12 City:	13 State:	14 Zip:

15 Is this a temporary address? Yes No

Billing address, if different from service address (may include Post Office Box):

15 Billing Address:	16 Apt:	
17 City:	18 State:	18 Zip:

Section 2: Program Requirement - Eligibility –

Complete this section to indicate that you (or your dependent or a member of your household**) receives benefits from at least one of the programs listed below **OR** your household meets the income requirements below. If qualifying through a dependent or household member, please mark their qualifying program(s). Check all programs that apply.

<input type="checkbox"/> Supplemental Nutrition Asst Program (SNAP/Food Stamps)	<input type="checkbox"/> Headstart (must meet income criteria) (Tribal Lands Only)
<input type="checkbox"/> Medicaid/AHCCCS	<input type="checkbox"/> BIA General Assistance (Tribal Lands Only)
<input type="checkbox"/> Supplemental Security Income (SSI – Disability)	<input type="checkbox"/> Navajo Nation Program for Self-Reliance (Tribal Lands Only)
<input type="checkbox"/> Federal Public Housing Assistance (Section 8)	<input type="checkbox"/> Tribal Food Distribution Program (Tribal Lands Only)
<input type="checkbox"/> Veteran's or Survivors Pension Benefit	
<input type="checkbox"/> Kids Care (AZ Only)	

Low Income Qualifying Only - see guidelines: # in Household \$ Total Household Income per year

Section 3: Required Certifications

Initial: I hereby certify (initial each disclosure and sign at bottom) under penalty of perjury that:

1. I (or my dependent or other member of my household) currently receive(s) benefits from the federal/state program(s) identified above or my annual household income is at of below 135% of the Federal Poverty Guidelines.

2. I understand that I must notify Cellular One within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including: (1) I move to a new address, (2) I, or the eligible person in my household, no longer meet the program or income eligibility criteria, (3) my household receives more than one Lifeline discounted telephone.

3. (Only if you checked box 9 above) I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, as I live on Tribal lands as defined in Section 54.400(e) of the Lifeline rules

4. I acknowledge that my household can only receive one Lifeline Program benefit and, to the best of my knowledge, my household is not receiving more than one Lifeline Program benefit (i.e., only receiving a benefit for one home phone service or one wireless phone service, by not both).

5. All of my responses and acknowledgements provided on this form are true and correct to the best of my knowledge.

6. I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, the last four digits of my Tribal Identification Number (if I am a member of a Tribal nation and do not have a social security number), the telephone number that is associated with the Lifeline Program benefit, the date on which the Lifeline Program service began, the date on which the Lifeline Program benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline program benefits.

7. I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program.

8. I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program will result in my removal from the Lifeline Program and termination of my Lifeline benefit.

9. If I currently receive a Lifeline Benefit from another provider, I authorize the transfer of my Lifeline benefit from my current provider to Cellular One. I understand that transferring my Lifeline subsidy to Cellular One means that I may pay more or lose service with my current provider.

Signature Today's Date

For Office Use Only: New Activation Renewal NLAD Duplicate Household Error – Please attach qualifying MHW

Program/Income Attached:	Identification (for TPIV error – must verify Name , DOB & SS# - pick 2)
<input type="checkbox"/> Program Enrollment Card (SNAP, Medicaid, AHCCCS, Etc)	<input type="checkbox"/> State or Tribal Issued Driver's License or ID Card (DOB only)
<input type="checkbox"/> Current Year Statement of Benefits from the Qualifying Program	<input type="checkbox"/> Social Security Card or SSA-1099 (SS only)
<input type="checkbox"/> Other Official Document containing Qualifying Program approval	<input type="checkbox"/> Birth Certificate (DOB only)
<input type="checkbox"/> Income – 3 months of paycheck stubs	<input type="checkbox"/> W-2 from within the last two years (SS only)
<input type="checkbox"/> Income – Prior Year's State, Federal or Tribal Tax Return	<input type="checkbox"/> Prior year's state, federal or tribal tax return (SS only)
<input type="checkbox"/> Income – Other	<input type="checkbox"/> Other:

Application for Lifeline service is not complete without copies of the documents noted above.

Service may be interrupted or disconnected if copies of documentation are not provided to the corporate office within 48 hours.

Plan: Free4Life Unlimited Talk & Text for 24 Months \$12.00

Service Information: Account# : Phone # :

IMEI: SIM # :

I understand and acknowledge that the above mentioned fee(s) are included in the Lifeline subsidized VisionOne or Freedomfone Program. As a qualified customer I am only responsible for and have paid the fee as required.

BY SIGNING THIS FORM YOU ARE AGREEING TO THIS CELLULAR ONE SERVICE AGREEMENT AND TO THE VISIONONE/FREEDOMEFONE ADDITIONAL TERMS AND CONDITIONS AVAILABLE AT ANY CELLULAR ONE RETAIL STORE OR ONLINE AT WWW.CELLULARONEONLINE.COM/PLANS.

*Your agreement with Cellular One includes this Service Agreement, the Visionone/Freedomfone Additional Terms and Conditions, which are available at any Cellular One retail store or at www.cellularoneonline.com, and your rate plan (collectively "Agreement"). Certain services, including but not limited to, Data, Roaming and Long Distance are not included in your VisionOne/Freedomfone Plan but can be used by paying in advance using pre-paid airtime. See your VisionOne/Freedomfone Overview and Additional Terms and Conditions.

*Further, by signing I certify that, (a) I do not already have a Lifeline service; (b) I understand that only one subsidized telephone service is allowed per household, and there is only one Lifeline service in my household; (c) I live on qualifying or tribal lands; and (d) I understand that if Cellular One discovers that any of the above certifications have been misrepresented all services may be terminated within 48 hours.

Customer Signature Date

**Lifeline is a federal benefit that makes monthly telephone service more affordable for eligible households. Your household may receive the Lifeline benefit for one mobile OR one fixed home telephone service, but not both. Your household may not receive the Lifeline benefit from more than one service provider. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income and expenses. You may not transfer your Lifeline benefit to another person, even if he or she is eligible. You may lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise may false statements to receive the Lifeline benefit.*

Lifeline Income Guidelines - 2018

Size of Family Unit	135%	
1	\$	16,389
2	\$	22,221
3	\$	28,053
4	\$	33,885
5	\$	39,717
6	\$	45,549
7	\$	51,381
8	\$	57,213
9	\$	63,045
10	\$	68,877
11	\$	74,709
12	\$	80,541
For Each Additional Person Add:		
	\$	5,832

How many people are in your household? _____

Add together all the income everyone in your household receives, including employment wages, Social Security, and pensions, etc. \$ _____

Review the guidelines above to see if your household income is considered low income.

You must provide copies of documentation that shows your current income. The FCC will accept the following income documents:

- The prior year's state, federal, or Tribal tax return;
- Current income statement from an employer or paycheck stub;
- Social Security statement of benefits;
- Veterans Administration statement of benefits;
- Retirement or pension statement of benefits;
- Unemployment or Workers' Compensation statement of benefits;
- Federal or Tribal notice letter of participation in General Assistance; and
- Divorce decree, child support award, or other official document containing income information.

If the documentation does not cover a full year, such as a current pay stub, the subscriber must present the same type of documentation covering three consecutive months within the previous 12 months