

## Smith Bagley Inc. dba Cellular One of NE AZ – Lifeline Program Application 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 Phone Number:
3 Last Name:	4 Date of Birth:
5 Social Security Number:	6 Tribal ID:
7 Email Address:	8 Drivers License 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 receive benefits from at least one of the programs listed below **OR** your household meets the income requirements.

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Supplemental Nutrition Asst Program (SNAP/Food Stamps)</li> <li><input type="checkbox"/> Medicaid/AHCCCS</li> <li><input type="checkbox"/> Supplemental Security Income (SSI – Disability)</li> <li><input type="checkbox"/> Federal Public Housing Assistance (Section 8)</li> <li><input type="checkbox"/> Veteran's or Survivors Pension Benefit</li> <li><input type="checkbox"/> Kids Care (AZ Only)</li> </ul> | <p>Tribal Specific Programs:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Headstart (must meet income criteria)</li> <li><input type="checkbox"/> BIA General Assistance</li> <li><input type="checkbox"/> Tribal TANF</li> <li><input type="checkbox"/> Tribal Food Distribution Program</li> </ul> |
|--|---|

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

BQP Information: If you are qualifying through a child or dependent in your household complete this section. Use their full legal name:

First Name:	
Last Name:	
Date of Birth:	Last 4 of SSN:

### Section 3: Required Certifications

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

[redacted] 1. I (or my dependent or other member of my household) currently get benefits from the government program(s) listed on this form OR my annual household income is 135% or less of the Federal Poverty Guidelines.

[redacted] 2. I agree that if I move I will give Cellular One my new address within 30 days.

[redacted] 3. I understand that I must tell Cellular One within 30 days if for any reason I do not qualify for Lifeline anymore, including: (1) I, or the person in my household that qualifies, do not qualify through a government program anymore, (2) Either I or someone in my household gets more than one Lifeline benefit.

4. I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit.

5. All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.

6. I agree that Cellular One can give the Lifeline Program administrator all the information I am giving on this form. I understand that this information is meant to help run the Lifeline Program and that if I do not let them give it to the Administrator, I will not be able to get Lifeline benefits.

7. I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

8. I understand that Cellular One may have to check whether I still qualify at any time. If I need to recertify my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.

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.

10. I was truthful about whether or not I am a resident of Tribal lands, as defined in question 9 of this form.

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Application for Lifeline service is not complete without copies of the program or income documents and other required documents as indicated by NLAD errors. Service may be interrupted or disconnected if copies of documentation are not provided to the corporate office within 48 hours.

Plan: \_\_\_\_\_ \$6.00

Name: \_\_\_\_\_

Service Information: Account# : \_\_\_\_\_ Phone # : \_\_\_\_\_

IMEI: \_\_\_\_\_ SIM # : \_\_\_\_\_

I understand and acknowledge that the above mentioned fee(s) are included in the Lifeline subsidized Free4Life 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 FREE4LIFE/FREEDOMEFONE ADDITIONAL TERMS AND CONDITIONS AVAILABLE AT ANY CELLULAR ONE RETAIL STORE OR ONLINE AT [WWW.CELLULARONEONLINE.COM/PLANS](http://WWW.CELLULARONEONLINE.COM/PLANS).

\*Your agreement with Cellular One includes this Service Agreement, the Free4Life/Freedomfone Additional Terms and Conditions, which are available at any Cellular One retail store or at [www.cellularoneonline.com](http://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 Free4Life/Freedomfone Plan but can be used by paying in advance using pre-paid airtime. See your Free4Life/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 lowers the monthly cost of phone or internet service. Your household may receive the Lifeline benefit for one mobile OR one fixed home telephone service, but not both. If you get Lifeline for internet service you can get the benefit for your mobile phone or your home connection, but not both. Your household may not receive the Lifeline benefit from more than one phone or internet company. You are allowed to get one Lifeline benefit per household, not per person. If more than one person in your household gets Lifeline, you are breaking the FCC's rules and will lose your benefit. A household is a group of people who live together and share income and expenses, even if they are not related to each other. You may not give your Lifeline benefit to another person, even if they qualify. You must give accurate and true information on this form and on all Lifeline forms or questionnaires. If you give false or fraudulent information you will lose your Lifeline benefit and the US government can take legal actions against you. This may include fines or imprisonment.*