

# 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"/> Medicaid/AHCCCS <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Supplemental Security Income (SSI – Disability) <input type="checkbox"/> Federal Public Housing Assistance (Section 8) <input type="checkbox"/> National School Free Lunch Program <input type="checkbox"/> Low Income Energy Assistance Program (LIHEAP) <input type="checkbox"/> Kids Care (AZ Only)	<input type="checkbox"/> Refugee Assistance (UT Only) <input type="checkbox"/> Work Toward Employments (WTE) (UT Only) <input type="checkbox"/> Home Electric Light Program (HELP) (UT Only) <input type="checkbox"/> Headstart (must meet income criteria) (Tribal Lands Only) <input type="checkbox"/> BIA General Assistance (Tribal Lands Only) <input type="checkbox"/> Navajo Nation Program for Self-Reliance (Tribal Lands Only) <input type="checkbox"/> Tribal Food Distribution Program (Tribal Lands Only)
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Low Income Qualifying Only - see guidelines: # in Household \$ Total Household Income per year

**Please attach a copy of current document(s) showing proof of your participation in the qualifying program or your income documentation.**

## 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 programs(s) identified above or my annual household income is at of below 135% (UT) or 150% (AZ or NM) 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 \_\_\_\_\_

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](http://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](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 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 \_\_\_\_\_

For Office Use Only:  New Activation  Renewal  NLAD Duplicate Household Error – Please attach qualifying MHW♥  
 ~TPIV Error: Please attach copies of documentation showing name, DOB & SS#~

Plan: \_\_\_\_\_ \$0.00

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

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

\*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.