



Lifeline Service

Free Cell Phone, No Contract, No Bills

Lifeline is a program designed to increase the availability of telecommunications services to low-income subscribers by providing a credit for monthly telephone service for eligible consumers.

- Lifeline is a government assistance program
- The benefit is limited to one discount per household
- The service is non-transferable

Only eligible consumers may enroll in the program. Consumers must provide one (1) of the following and provide proof of benefit received such as an eligible program card or statement of benefit:

*Food Stamps/Snap	*Food Distribution Program on Indian Reservations (FDPIR)
*Medicaid	*Bureau of Indian Affairs General Assistance
*Supplemental Security Income (SSI)	*Tribally Administered TANF (TTANF)
*Federal Public Housing Assistance (SECTION 8)	*Head Start (only households that meet the income qualifying standard) (Tribal)
*Veterans Pension and survivors Benefit Programs	

Federal Poverty Guidelines – 135%	
<i>HOUSEHOLD SIZE</i>	
1	\$16,281
2	\$21,924
3	\$27,567
4	\$33,210
5	\$38,853
6	\$44,496
7	\$50,139
8	\$55,782
<i>For each additional person</i>	<i>Add \$5,643</i>

Available Plans
150 minutes FREE each month. Remaining minutes rollover each month. 1 text = 1 minute
350 FREE Voice Minutes, Unlimited Texts & 1 GB of Data
Tribal Only 750 FREE Voice Minutes & 750 texts each month PLUS 750 MB FREE DATA OR 750 FREE Voice Minutes & 750 FREE texts each month No Rollover Minutes



Mail or fax completed and signed form to:
 9918 Brooklet Drive, Houston, TX 77099
 Fax 1-504-274-1607 / Customer Service: 1-855-204-3667

A complete and signed Lifeline Service Application and Certification ("Certification") is required to enroll you in NewPhone Wireless's (the "Company's") Lifeline service program in your state. This Certification is for the purpose of verifying your eligibility for Lifeline service. Service requests will not be processed until this Form has been received and verified by the Company.

One Lifeline service per household disclosures: Lifeline is a federal benefit that makes monthly telephone and broadband service more affordable for eligible households. Your household may receive the Lifeline benefit for telephone service OR broadband service, but not both. For Lifeline telephone service, your household may receive the Lifeline benefit for one mobile OR one fixed home telephone service, but not both. For Lifeline broadband service, your household may receive the Lifeline benefit for one mobile broadband OR one fixed broadband 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 or expenses. Lifeline is a non-transferable benefit. You may not transfer your Lifeline benefit to another person, even if he or she is eligible. You will lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive the Lifeline benefit.

_____ I hereby certify under penalty of perjury that I have read and understood the disclosures listed above and that, to the best **Initial** of my knowledge, my household is not already receiving a Lifeline service benefit.

Customer Application Information:

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: Month: _____ Day: _____ Year: Last Four Digits of Social Security : _____ or Tribal ID _____

Home Telephone Number (if available): _____ Contact Number: _____

Residential Address (P.O. Box NOT sufficient)

Number: _____ Apt: _____ Street _____ City _____

State: _____ Zip Code: _____

Address is (**choose one**): Permanent Temporary

Billing Address (if different from Residential Address) (P.O. Box IS sufficient)

Number: _____ Apt: _____ Street _____ City _____

State: _____ Zip Code: _____

Multiple households sharing and address:

I hereby certify that I reside at an address occupied by multiple households, including adults who do not **Initial** contribute income to my household and/or share in my household's expenses, and I will complete a separate additional form.

Eligibility Certification: _____ I hereby certify that I participate in at least one of the following programs (**check one**): **Initial**

Please check which Lifeline program you qualify for:
____ Regular Lifeline ____ Tribal Lands Lifeline

Please initial if applicable; I am seeking to qualify for Lifeline as an eligible resident of Tribal lands and I certify, under penalty of perjury, that I live on **Tribal Lands:** _____

PROGRAM BASED ELIGIBILITY

- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing Assistance (Section 8)
- Medicaid (not Medicare)
- Supplemental Security Income (SSI)
- Veterans Pension & Survivors Pension

If you live on a tribal land/reservation (as defined in Title 47 - Code on Federal Regulations, Section 54.400(e), you may also qualify for Lifeline if you participate in:

- Food Distribution Program on Indian Reservations (FDPIR)
- Bureau of Indian Affairs General Assistance (BIA)
- Tribally - Administered Temporary Assistance for Needy Families (TTANF)
- Head Start

INCOME BASED ELIGIBILITY

_____ I certify that my total household income is at or below 135% of the Federal Poverty Guideline. **See chart page one.**
Initial

Total number of persons in my household is _____

Total annual household income is \$ _____

PROOF OF ELIGIBILITY DOCUMENTS

PROGRAMED BASED ELIGIBILITY

I have attached copies of one or more of the documents listed below:

- Program participation card/document
- Current or prior year's statement of benefits from the program(s) selected
- Notice letter of participation

INCOME BASED ELIGIBILITY

I have attached copies of one or more of the documents listed below:

- The prior year's state or federal tax return
- Current income statement from an employer
- Social Security statement of benefits
- Veterans Administration statement of benefits
- Retirement/pension statement of benefits
- Unemployment/Workmen's Compensation statement of benefits
- Federal or Tribal General Assistance Notice Letter
- Divorce decree, child support award, or other official document containing income information.
- Paycheck stubs covering 3 consecutive months within the previous 12 months

Activation and usage requirement disclosures: You must personally activate this service by calling **1-855-204-3667**. To keep your account active, you must use your Lifeline service at least once during any 30 day period by completing an outbound call/text, purchasing additional minutes from the Company, or answering an in-bound call from someone other than the Company. 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 Company's customer care center) subject to a 15 day cure period during which you may use the service (as described above).

_____ I hereby certify under penalty of perjury that I have read and understood the disclosures listed above
Initial regarding activation and usage requirements.

Required Certifications:

Initials

Required: I hereby certify under penalty of perjury that:

Initial

I hereby authorize the Company to access any records required to verify my statements on this form and to confirm my eligibility for the Lifeline program. I also authorize the Company to release any records required for the administration of the Lifeline program (name, telephone number, address, date of birth, last four digits of SSN, amount of support being sought, means of qualification for support, and dates of service initiation and termination), including 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.

Initial

I (or my dependent or other member of my household) meet the income-based or program-based eligibility criteria for receiving Lifeline service and have provided documentation of eligibility.

Initial

I understand that I must notify the Company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline benefits including (a) I, or the eligible person in my household, no longer meet the income-based or program-based eligibility criteria, or (b) my household receives more than one Lifeline discounted service, (i.e., more than one Lifeline broadband service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband services).

Initial

I am not listed as a dependent on another person's tax return (unless over the age of 60).

Initial

The address listed below is my primary residence, not a second home or business.

Initial

If I move to a new address, I will provide that new address to the Company within 30 days.

Initial

If I provided a temporary residential address to the Company, I will verify my temporary residential address every 90 days.

Initial

I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.

Initial

I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time and my failure to do my continued eligibility within 30 days will result in de-enrollment and the termination of my Lifeline benefit.

Initial

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

Applicant's Signature

Date