

If you have questions about
this form, please call
1-888-898-4888
Please return this form
to the address shown in #4 below

KY99999999999976

START HERE

PLEASE CERTIFY YOUR ELIGIBILITY:

1. Complete Section B
2. **Remember: Sign and date the form in Section C**
3. Attach documents to support your eligibility in Section B
4. Mail the application and supporting documentation to:
Assurance Wireless, PO Box 7600, Mattoon, IL 61938-9953
Or Fax materials to: 1-877-732-3018

A PERSONAL INFORMATION

The person below **MUST BE** the same person applying for the discount. Please do not forget to sign the application below in Section C.

First name: _____ Last name: _____ Home telephone number: _____
(Please Print Clearly) (Please Print Clearly) (Will Become Your Application ID/Account PIN)
Street address: _____ Apt. _____
(PO Boxes Cannot Be Accepted)
City: _____ State: _____ Zip Code: _____

B PROGRAM-BASED ELIGIBILITY

Fill in all bubbles for all program(s) the person in Section A is currently enrolled. **You must prove your eligibility to subscribe to this program. You must attach a copy of your benefit ID card with your name on it. As an alternative, you may send a copy of an eligibility letter from an authorized representative of the Kentucky CHFS, DSS, or DPH.**

- | | |
|---|---|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) |
| <input type="checkbox"/> Food Stamps/SNAP | <input type="checkbox"/> Federal Public Housing Assistance (Section 8) |
| <input type="checkbox"/> Supplemental Security Income (SSI)
(Not the same as Social Security Benefits) | <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) |
| | <input type="checkbox"/> The National School Lunch Program's Free Lunch Program |

(Supporting Documentation WILL NOT be Returned)

C SIGNATURE

By signing below, I certify under penalty of perjury that the information contained within this application is true and correct and that I am head of my household. I also acknowledge that providing false or fraudulent documentation in order to receive assistance is punishable by law and the penalties of perjury include monetary fines and potential imprisonment.

I understand that completion of this application does not constitute immediate approval for Assurance Wireless service. I authorize Assurance Wireless or its duly appointed representative to access any records (including financial records) required to verify my statements herein and to confirm my eligibility for Assurance Wireless service. I authorize social service agency representatives to discuss with and/or provide information to Assurance Wireless verifying my participation in public assistance programs that qualify me for Assurance Wireless service. I also authorize Assurance Wireless to release any records (including financial records) required for the administration of Assurance Wireless service.

I understand that I may be required to verify my continued eligibility for Assurance Wireless service at any time. Failure to verify eligibility will result in termination of Assurance Wireless service. In the future, if I am no longer eligible to receive benefits from at least one of the qualifying public assistance programs listed above, I will notify Assurance Wireless within five (5) days.

I understand that Lifeline Assistance is only available for one landline or wireless phone per household. If I currently have a Lifeline plan with a different phone service provider, I will notify my current provider when I am approved for Assurance Wireless service.

X _____
SIGNATURE (Please use blue or black ink) _____
Date

X _____
PRINTED NAME



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