



PO Box 5040
Charleston, IL 61920-9907

To Check the Status of your Application

Call 1-888-898-4888, select #2 and enter your PIN.
OR visit <https://www.assurancewireless.com/my-account/check-status> and enter your zip code.

PIN: [REDACTED]

MB 02 001735 43905 H 9 A



[REDACTED]
[REDACTED]
CHARLOTTE NC 28207-2782

March 10, 2024

Dear [REDACTED]

Thank you for your interest in Assurance Wireless Lifeline service and/or the federal Affordable Connectivity Program (ACP). In addition to our existing Lifeline service, eligible households can receive federal ACP benefits under our Assurance Wireless Plan. This plan includes Free Data, Unlimited Texts, and Minutes plus a free Smartphone.

Apply today. It's easy.

STEP 1: Complete the enclosed Application Form.

STEP 2: Mail your completed application form with copies of qualifying documentation to:

**USAC
Lifeline Support Center
P.O. Box 9100, Wilkes-Barre, PA 18773**

Please keep in mind that your application cannot be approved without qualifying documentation.

STEP 3: After receiving approval by National Verifier (USAC), please go to www.assurancewireless.com to 'ENROLL NOW'. Please ensure that the information you enter on www.assurancewireless.com **exactly matches the information you submitted to the National Verifier (full legal name, address).**

What if you're already enrolled in a Lifeline program?

You can still mail an application (with qualifying documentation) to USAC.

We hope to hear from you very soon.

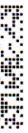
Sincerely,

Assurance Wireless
A Worry-Free Way to Stay Connected

P.S. To check the status of your application, just visit <https://www.assurancewireless.com/my-account/check-status> and enter your zip code.

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The Affordable Connectivity Program (ACP) is a government program that reduces the customer's broadband internet access service bill. One discount per eligible household and is non-transferable across households. An eligible household may obtain ACP-supported broadband service from any participating provider of its choosing and may apply ACP benefit to any broadband service offering of the participating provider at the same terms available to households that are not eligible for ACP-supported service. ACP service provider may disconnect the household's ACP-supported service after 90 consecutive days of non-payment; the household will be subject to the provider's undiscounted rates and general terms and conditions if the program ends, if the consumer transfers ACP benefit to another provider but continues to receive service from the current provider, or upon de-enrollment from ACP. A household may file a complaint against its provider via the FCC's Consumer Complaint Center, consumercomplaints.fcc.gov; visit affordableconnectivity.gov for more information on ACP. Customers can use Assurance Wireless svc. on pay-as-you-go plan after termination of ACP svc. When account is switched to pay-as-you-go plan & inactive for 125 days, on day 126 account will be closed & any unused funds & telephone number will be lost. Int'l. plans require add-on purchase. State & local sales taxes & fees may apply. Minimum Top-Up of \$5 may be required. Unlimited wire on our network. Full speeds available up to data/tethering allotment, then slowed to up to 600kbps speeds for balance of service period. Unused data does not roll over. During congestion, heavy data users (>35GB/mo.) and customers choosing Assurance Wireless or similarly prioritized plans (e.g., T-Mobile Essentials, Metro by T-Mobile) may notice lower speeds than other customers due to data prioritization. Video streams at up to 2.5 MBps (SD). Optimization may affect speeds of video downloads; does not apply to video uploads. For best performance, leave any video streaming applications at their default automatic resolution setting. Mobile hotspot up to 2.5GB 4G LTE. Smartphone usage is prioritized over Mobile Hotspot usage, which may result in higher speeds for data used on smartphone. Capable device required. Unlimited talk & text features for direct communications between 2 people. **Network Management:** Service may be **slowed, suspended, terminated, or restricted** for misuse, abnormal use, interference with our network or ability to provide quality service to other users. See <https://www.assurancewireless.com/legal/net-neutrality> for details. Offer not avail. everywhere. Assurance Wireless reserves the right to change or cancel offers at any time. By activating your device and service, you agree to the Assurance Wireless Terms and Conditions. See terms (**including arbitration provision**) and details at [assurancewireless.com](https://www.assurancewireless.com).

Offer limited to eligible customers, residing in selected areas, who are approved for Lifeline service, a government assistance program. One Lifeline discounted service (landline or wireless) available per household & is non-transferable. A household is defined as any individual or group of individuals who live together at the same address & share income & expenses. Consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program. Phone models may vary; shipping charges may apply. Plan: Unused data & mins. do not roll over. **Add'l. Services:** Voice 10c/min. or 250 mins. w/ \$5 add-on; add'l. data & Int'l. plans require add-on purchases. Accessing voicemail draws from plan or add'l. mins. Customers can use Assurance Wireless svc. on pay-as-you-go plan after termination of Lifeline svc. When account is switched to pay-as-you-go plan & inactive for 125 days, on day 126, account will be closed & any unused service balance & telephone number will be lost. State & local sales taxes & fees may apply. Minimum Top-Up of \$5 may be required. **Other terms:** Offers not avail. in all states/areas & may vary by state. Coverage not avail. everywhere. Assurance Wireless reserves the right to change or cancel offers at any time. Prohibited network use rules & other restrictions apply. By activating your device and service, you agree to the Assurance Wireless Terms and Conditions. See terms (**including arbitration provision**) and details at [assurancewireless.com](https://www.assurancewireless.com). © 2023 Assurance Wireless USA, L.P. Android is a trademark of Google LLC. All other marks are the property of their respective owners.



Lifeline Program Application Form



1. About Lifeline

Lifeline is a federal benefit that lowers the monthly cost of phone or internet service.

Rules

If you qualify, your household can get Lifeline for phone or internet service, but not both.

- If you get Lifeline for phone service, you can get the benefit for one mobile phone or one home phone, 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.
- If you get Lifeline for bundled phone and internet service, you can get the benefit for your mobile phone bundled service or your home bundled service, but not both.

Your household cannot get Lifeline from more than one phone or internet company.

You are only 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.

What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

Do not give your benefit to another person

Lifeline is non-transferable. You cannot give your Lifeline benefit to another person, even if they qualify.

Be honest on this form

You must give accurate and true information on this form and on all Lifeline-related forms or questionnaires. If you give false or fraudulent information, you will lose your Lifeline benefit (i.e., de-enrollment or being barred from the program) and the United States government can take legal actions against you. This may include (but is not limited to) fines or imprisonment.

You may need to show other documents

If the Lifeline Program Administrator is not able to validate that you or someone in your household qualify using this form and electronic databases, you may need to provide an official document from one of the government qualifying programs or documentation that proves your annual income. You can submit copies of your official documents with this application or wait until the Lifeline Program Administrator asks you for them. To add them now, include the documents in option 1 or option 2 below:

1. If you qualify through a government program, provide a copy of a document such as an approval letter or benefit letter with the name of the person in your household who qualifies, name of the program, and issue date within the past 12 months or future expiration date.
2. If you qualify through your income, provide a copy of the prior year's state, federal, or Tribal tax return or a current income statement from an employer or paycheck stub for 3 consecutive months (or other accepted documents).

Visit lifelinesupport.org to see all acceptable document guidelines.

Apply

To apply for a Lifeline benefit, fill out the required sections of this form, initial every agreement statement, and sign on page 6.

Mail the form to this address:

**USAC
Lifeline Support Center
P.O. Box 9100
Wilkes-Barre, PA 18773**



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Lifeline Program Application Form



2b. Your Information (continued)

What is your home address? (The address where you will get service. Do not use a P.O. Box)

Street Number and Name

Apt., Unit, etc.

City

State

Zip Code

Is this a temporary address? Yes No **Check if you live on Tribal lands***

What is your mailing address? (Only fill this out if it is not the same as your home address.)

Street Number and Name

Apt., Unit, etc.

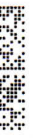
City

State

Zip Code

*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 FCC for purposes of this subpart pursuant to the designation process in the FCC's Lifeline rules.

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Lifeline Program Application Form



2c. Your Information (continued)

Only fill this section out if you are applying through a child or dependent.

Check if you are qualifying through a child or dependent in your household. If so, answer the following questions:

What is their full legal name?

First

First

Middle (optional)

Middle (optional)

Suffix (optional)

Suffix (optional)

Last

Last

What is their date of birth?

Month Day Year

Month

Day

Year

What are the last 4 numbers of their Social Security Number (SSN)?

SSN last 4 digits

If they do not have a SSN, what is their Tribal Identification Number?

Tribal Identification Number



Lifeline Program Application Form



3. Qualify for Lifeline

Fill out this section to show that you, your dependent, or someone in your household qualifies for Lifeline.

You can qualify through some government assistance programs or through your income (you do not need to qualify through both).

Qualify through a government program:

Check all programs that you or someone in your household have:

- Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)
- Supplemental Security Income (SSI)
- Medicaid
- Federal Public Housing Assistance (FPHA)
- Veterans Pension or Survivors Benefit Programs

Tribal Specific Programs

- Bureau of Indian Affairs (BIA) General Assistance
- Tribal Temporary Assistance for Needy Families (Tribal TANF)
- Food Distribution Program on Indian Reservations (FDPIR)
- Tribal Head Start (only households that meet the income qualifying standard)

Or

Qualify through your income:

(Only fill this out if you do not qualify through a government program.)

Including you, how many people live in your household? (check one)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- If more than 8, add this amount for each extra person:

Is your income the same or less than the amount listed for your state and household size? (only check yes or no next to your household size)

	All 48 States, DC, and Territories (not Alaska and Hawaii)			Alaska	Hawaii		
						Yes	No
\$19,683	\$24,584	\$22,640			<input type="checkbox"/>	<input type="checkbox"/>	
\$26,622	\$33,264	\$30,618			<input type="checkbox"/>	<input type="checkbox"/>	
\$33,561	\$41,945	\$38,597			<input type="checkbox"/>	<input type="checkbox"/>	
\$40,500	\$50,625	\$46,575			<input type="checkbox"/>	<input type="checkbox"/>	
\$47,439	\$59,306	\$54,554			<input type="checkbox"/>	<input type="checkbox"/>	
\$54,378	\$67,986	\$62,532			<input type="checkbox"/>	<input type="checkbox"/>	
\$61,317	\$76,667	\$70,511			<input type="checkbox"/>	<input type="checkbox"/>	
\$68,256	\$85,347	\$78,489			<input type="checkbox"/>	<input type="checkbox"/>	
Add \$6,939	Add \$8,681	Add \$7,979			<input type="checkbox"/>	<input type="checkbox"/>	

135% of the 2023 Federal Poverty Guidelines

*The Federal Poverty Guidelines are typically updated at the end of January.



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Lifeline Program Application Form



4. Agreement

I agree, under penalty of perjury, to the following statements:

You must initial next to each statement.

I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).
Initial

I agree that if I move I will give my service provider my new address within 30 days.
Initial

I understand that I have to tell my service provider within 30 days if 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 or income anymore.
- 2) Either I or someone in my household gets more than one Lifeline benefit (including more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services).

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.
Initial

I agree that all of the information I provide on this form may be collected, used, shared, and retained for the purposes of applying for and/or receiving the Lifeline Program benefit. I understand that if this information is not provided to the Lifeline Program Administrator, I will not be able to get Lifeline benefits. If the laws of my state or Tribal government require it, I agree that the state or Tribal government may share information about my benefits for a qualifying program with the Lifeline Program Administrator. The information shared by the state or Tribal government will be used only to help find out if I can get a Lifeline Program benefit.
Initial

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

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.
Initial

My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) 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.
Initial

I was truthful about whether or not I am a resident of Tribal lands, as defined in section 2 of this form.
Initial

Signature	Today's Date



Lifeline Program Application Form



Universal Service
Administrative Co.

5. Agent Information

*Answer only if a sales
person submits this form.*

What is the agent's full legal name?

The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First

Middle (optional)

Suffix (optional)

Last

What is the agent's ID number?

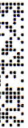
What is the agent's date of birth?

Month

Day

Year

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Lifeline Program Application Form



Universal Service
Administrative Co.

Notice

PAPERWORK REDUCTION ACT NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. This collection of information stems from the FCC's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, between 0.25 and 0.75 hours. Our estimate includes the time to read the questions, look through existing records, gather the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PERM, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request on this form. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your response may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

PRIVACY ACT STATEMENT: The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

Authority: Section 254 of the Communications Act (47 U.S.C. § 254), as amended, 47 U.S.C. §254, authorizes the FCC to operate the Lifeline program. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.).

Purpose: We are collecting this personal information so we can verify that you qualify for the Lifeline Program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, is available at <https://www.fcc.gov/managing-director/privacytransparency/privacy-act-information#systems/>.

Routine Uses: We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

Disclosure: You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

