



Life Wireless

Telrite Corp / Life Wireless

PO Box 2840, Covington, GA 30015

FAX: 1-866-770-6110 / EMAIL: lwforms@lifewireless.com

PLEASE READ CAREFULLY BEFORE SUBMITTING YOUR APPLICATION

Welcome to Life Wireless! We are pleased you have chosen us as your Lifeline wireless service provider and would like to express our appreciation for allowing us the opportunity to serve you.

LIFE WIRELESS™ is a Lifeline supported wireless service provided by TELRITE CORPORATION and offers a Lifeline discount to low income families and individuals for wireless services. To obtain LIFE WIRELESS™ service, potential subscribers must meet certain eligibility requirements such as receiving governmental assistance or a household income that is at or below the Federal Poverty Level Guideline for your State. What determines a potential subscriber's eligibility is specific to each State and can be found listed on the Lifeline form attached. LIFE WIRELESS™ service is limited to one household, and cannot be combined with any other Lifeline offering.

Applicant must completely fill out and mail, fax or email the attached Lifeline application form AND Lifeline Household Worksheet to Life Wireless at the address provided above.

The supporting documents, as described below, **MUST** be sent as well in order to receive your LIFE WIRELESS™ phone.

- A copy of Proof of Address (e.g. Utility Bills)*
- A copy of Federal/State Government-Issued ID (e.g. Driver License, Passport)*
- A copy of Proof of Participating Subsidy (e.g. State-Issued EBT card, Letter from Social Security Office)*

or to demonstrate household income that is at or below Federal Poverty Level Guidelines for the State you live in:

- A copy of Proof of Income (e.g. Prior Year's Tax Return, Social Security Statement of Benefits, Unemployment Statement of Benefits, Paystubs covering three consecutive months within the past year.)*

*PHOTOCOPY ONLY. **DO NOT** mail us your original documentation. Submitted items will not be returned.

If you have any questions or concerns, please call Life Wireless Customer Service at 1-888-543-3620.

Thank you,

Telrite Corporation / Life Wireless



Life Wireless

South Carolina Wireless Lifeline Service Application and Certification

Mail or Fax completed and signed form to

Telrite Corporation / Life Wireless

PO Box 2840 Covington, GA 30015

FAX: 1-866-770-6110 / EMAIL: lwforms@lifewireless.com

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

One Lifeline service per household disclosures: Lifeline is a government assistance program and willfully making false statements to obtain a Lifeline benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline benefits are limited to a single line of service per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. A household may not receive multiple Lifeline discounts. You may apply your Lifeline discount to either one landline or one wireless number, but you cannot have the discount on both and you cannot receive Lifeline benefits from multiple providers. Note that not all Lifeline services are currently marketed under the name Lifeline. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person, including another eligible low-income consumer. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program, and potentially prosecution by the United States Government.

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

Customer eligibility certification: I hereby certify that I participate in at least one of the following programs (check one):

- Supplemental Nutrition Assistance Program (SNAP) Income at or below 135% of Federal Poverty Guidelines
- Section 8 Federal Public Housing Assistance (FPHA)
- Medicaid (not Medicare)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Low Income Home Energy Assistance Program (LIHEAP)
- National School Lunch Program's free lunch program

Customer Application Information:

First Name: _____ Middle Name: _____ Last Name: _____
 Date of Birth: Month: ___ Day: ___ Year: _____ Last Four Digits of Social Security Number (or Tribal ID Number): _____
 If Qualifying for Lifeline by Income, number of Individuals in Household: _____
 Home Telephone Number (if available): _____

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 contribute income to my household and/or share in my household's expenses, and I will complete a separate additional form.

Activation and usage requirement disclosures: This service is a prepaid service and you must personally activate it by calling 770-200-1000. To keep your account active, *you must use your Lifeline service at least once during any 60 day period by completing an outbound call, purchasing additional minutes from Company, answering an in-bound call from someone other than Company, or by responding to a direct contact from Company confirming that you want to continue receiving Lifeline service from*

Company. If your service goes unused for 60 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 30 day cure period during which you may use the service (as described above) or contact the Company to confirm that you want to continue receiving Lifeline service from Company.

I hereby certify that I have read and understood the disclosures listed above regarding activation and usage requirements.

Authorizations:

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 (e.g., name, telephone number and address), 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.

Additional certifications: I hereby certify, under penalty of perjury, that (check each box):

- I meet the income-based or program-based eligibility criteria for receiving Lifeline service and have provided documentation of eligibility if required
- I will notify the Company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based eligibility criteria, I begin receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit. I understand that I may be subject to penalties if I fail to follow this requirement
- I am not listed as a dependent on another person's tax return (unless over the age of 60)
- The address listed below is my primary residence, not a second home or business
- If I move to a new address, I will provide that new address to the Company within 30 days
- If I provided a temporary residential address to the Company, I will verify my temporary residential address every 90 days
- I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law
- I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility within 30 days will result in de-enrollment and the termination of my Lifeline benefits
- The information contained in this certification form is true and correct to the best of my knowledge

Applicant's Signature: _____ **Date:** _____

For Agent Use Only (check only 1 eligibility category and only 1 box under that category; do not copy or retain documentation):

Documents Acceptable Proof for Income-Eligibility:

- The prior year's state, federal, or Tribal tax return,
- Current income statement from an employer or paycheck stub,
- A Social Security statement of benefits,
- A Veterans Administration statement of benefits,
- A retirement/pension statement of benefits,
- An Unemployment/Workmen's Compensation statement of benefits,
- Federal or Tribal notice letter of participation in General Assistance, or
- A divorce decree, child support award, or other official document containing income information for at least three months time.

List B - Choose 1

- Program Participation card / document
- Prior year's statement of benefits
- Notice letter of participation
- Other official qualifying document: _____

Last 4 digits of Document from List B _____

Date of Proof Document: ____/____/____

Expiration Date of Proof Document: ____/____/____

Documents Acceptable Proof for Program-Eligibility (choose 1 from each list A and B below)

List A - Choose 1

- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid
- Section 8 Federal Public Housing Assistance (FPHA)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Low Income Home Energy Assistance Program (LIHEAP)
- National School Lunch Program's free lunch program

Applicant Account Number	Rep / Agent Signature



Life Wireless

Lifeline Household Worksheet
Mail or Fax completed and signed form to
Telrite Corp / Life Wireless

PO Box 2840 Covington, GA 30015

FAX: 1-866-770-6110 / EMAIL: lwforms@lifewireless.com

Name	
Address	
Telephone Number	

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An **adult** is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household **expenses** include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). **Income** includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

- Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (*check no if you do not have a spouse or partner*) YES NO
 - If you checked YES, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
 - If you checked NO, please answer question #2.
- Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?

A. A parent	<input type="checkbox"/> YES <input type="checkbox"/> NO	D. An adult roommate	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. An adult son or daughter	<input type="checkbox"/> YES <input type="checkbox"/> NO	E. Other _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO		

 - If you checked NO for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
 - If you checked YES, please answer question #3.
- Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? YES NO
 - If you checked NO, then your address includes **more than one household**. Please initial lines A and B below, and sign and date the worksheet.
 - If you checked YES, then your address includes only **one household**. You may not sign up for Lifeline because someone in your household already receives Lifeline.

CERTIFICATION

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to _____ [insert company or agency name] along with your Lifeline application.

- I certify that I live at an address occupied by multiple households.
- I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature _____ Date _____

SOUTH CAROLINA

Mail application to:

Access Wireless, One Levee Way, Suite 3106, Newport, KY 41071

or for faster processing fax to: 1-888-594-4473

If you have any questions
CALL 1-888-450-1838

APPLICANT INFORMATION

First Name: _____ MI: _____ Last Name: _____

Residential Address: _____ Apt/Floor/Other _____

(NO P.O. BOXES, MUST BE YOUR PRINCIPAL ADDRESS)

This address is: Permanent Temporary Multi-Household

City: _____ State: _____ ZIP Code: _____

Contact Telephone Number: _____ Email Address: _____

Date of Birth: _____ Social Security Number (or Tribal ID Number): _____

I am a Tribal Resident: Yes No

Lifeline Assistance is limited to **one benefit per household**, which is defined as any individual or group of individuals who live together at the same address and share income and expenses.

QUALIFYING PROGRAM INFORMATION

Applicant must provide documented proof of participation in the program indicated below or proof of income.

- | | |
|--|---|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP/Food Stamps) | <input type="checkbox"/> Headstart (meeting income qualifying standards) |
| <input type="checkbox"/> Healthy Connections/Select Health (Medicaid) | <input type="checkbox"/> Low Income Heat and Energy Assistance (LIHEAP) |
| <input type="checkbox"/> Bureau of Indian Affairs General Assistance | <input type="checkbox"/> National School Lunch Program's Free Lunch Program (NSLP) |
| <input type="checkbox"/> Family Independence/Temporary Assistance to Needy Families (TANF) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Federal Public Housing Assistance (FPHA) Section 8 | <input type="checkbox"/> Tribally Administered Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Food Distribution Program on Indian Reservations | |

Important Information About the Lifeline Program

Access Wireless is a service provider for the government-funded Lifeline Assistance Program. Lifeline service is provided by i-wireless, LLC, d/b/a Access Wireless, which is an eligible telecommunications carrier. Lifeline service is non-transferable. Only one Lifeline discount may be received per household. A household is defined, for the purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. Only eligible customers may enroll in the program. Consumers who willfully make a false statement in order to obtain the Lifeline benefit can be punished by fine or imprisonment or can be barred from the program. Customers must present proper documentation confirming eligibility for the Lifeline program. Your information will be validated against public records and any discrepancies could result in delays in your approval or rejection of service.

Activation and Usage Requirements

This service is a prepaid service and you must activate it by dialing 611 from your Access Wireless handset. To keep your account active, you must use your Lifeline service at least once during any 60-day period by completing an outbound call, purchasing additional minutes from Access Wireless, answering an inbound call from someone other than Access Wireless, or by responding to a direct contact from Access Wireless confirming that you want to continue receiving Lifeline service from them. If your service goes unused for 60 days, you will no longer be eligible for Lifeline benefits and your service will be suspended (allowing only 911 calls and calls to the Access Wireless Customer Care center) subject to a 30-day cure period during which you may use the service (as described above) or contact Access Wireless to confirm that you want to continue receiving your Lifeline service from them.

I hereby certify that I have read and understood the disclosures listed above regarding activation and usage requirements.

I hereby certify, under penalty of perjury, that: (INITIAL BY EACH BOX)

- _____ (1) I meet the program-based eligibility criteria for receiving Lifeline service or have an annual household income at or below 135% FPG, and have provided documentation of eligibility if required.
- _____ (2) I will notify Access Wireless within 30 days if for any reason, I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based eligibility criteria, I begin receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit. I understand that I may be subject to penalties if I fail to follow this requirement.
- _____ (3) I am not listed as a dependent on another person's tax return (unless over the age of 60).
- _____ (4) The residential address listed above is my primary residence, not a second home or business.
- _____ (5) If I move to a new address, I will provide that new address to Access Wireless within 30 days.
- _____ (6) If I provided a temporary residential address to Access Wireless, I will verify my temporary residential address as required by law.
- _____ (7) I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
- _____ (8) I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility within 30 days will result in de-enrollment and the termination of my Lifeline benefits.
- _____ (9) The information contained in this certification form is true and correct to the best of my knowledge.
- _____ (10) *If Applicable:* I reside on Federally recognized Tribal Lands.

AUTHORIZATION & CERTIFICATIONS (INITIAL BY EACH BOX)

- _____ (1) I hereby authorize Access Wireless to access any records to verify my statements on this form and to confirm my eligibility for the Lifeline program. I also authorize Access Wireless to release any records required for the administration of the Lifeline program, including name, telephone number, address, date of birth, Social Security number as required by state, amount of support being sought, means of qualification for support, and dates of service initiation and termination 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.
- _____ (2) I understand that I have the right to enroll in the Lifeline service using non-electronic methods. I further understand that I have the right to withdraw this consent at any time prior to activation of my service. Access Wireless has advised me that I may request a paper copy of my contract and associated fees by calling 611 from my mobile handset.
- _____ (3) I hereby authorize Access Wireless to send text messages to my Access Wireless phone number about my Lifeline benefit. Text messages sent by Access Wireless will not decrement my available wireless minutes or texts. Standard voice, data and text rates will apply to all messages to and from anyone other than Access Wireless.

APPLICANT'S SIGNATURE (Please use blue or black ink)

This signed authorization is required in order to enroll you in the Lifeline Program in your state and is only for the purpose of verifying your participation in these programs and will not be used for any other purpose. Service requests will not be processed until this form has been received and verified by Access Wireless.