



FULL CERTIFICATION APPLICATION FOR SOUTH CAROLINA LIFELINE ASSISTANCE PROGRAM

SECTION 1

Confirm your correct home address and select if you live at a temporary address. Provide mailing address if different.

Qualifying Home Address (No P.O. Box)
Select if address is temporary:

Mailing Address if different from your Qualifying Home Address (P.O. Box Allowed)

Address/Apt. No. _____
City _____
State _____ Zip code _____

Please provide ONLY VALID personal information for ALL (*) REQUIRED FIELDS. It will be validated against public records and any discrepancies will result in REJECTION of your application.

*First Name _____ MI _____ *Last Name _____
*Last Four Digits of Social Security # _____ *Birth Date (Month/Day/Year) _____ Contact Phone Number _____
Email Address _____

Plan Features

Choose your plan (check one)

Plan Features	<input type="checkbox"/> 68 FREE Monthly minutes	<input type="checkbox"/> 125 FREE Monthly minutes	<input type="checkbox"/> 250 FREE Monthly minutes
Local Calls	✓	✓	✓
National Long Distance	✓	✓	✓
Voice Mail	✓	✓	✓
Nationwide Texting	✓ (Up to 1250 texts)	✓ (Up to 1250 texts)	✓ (Up to 1250 texts)
Roaming at no Additional Cost	✓	✓	✓
Free 911	✓	✓	✓
411 Directory Assistance at no Additional Cost	✓	✓	✓
Carry-Over Minutes from Month to Month	✓	✓	✗ **
100+ International Long Distance Destinations*	✓	✗	✗



* List of destinations available at www.safelink.com

** If you choose this plan, your unused minutes will be removed/wiped out and will not carry-over on your next monthly minutes delivery. However, if you purchase and redeem additional minutes cards, all unused minutes will carry over for three consecutive months.

SECTION 2

Select ONE of the two options below (Proof of eligibility MUST be submitted for either option, name and address must match applicant).

OPTION 1

Qualify by certifying you belong to ONE of the programs listed below, programs with (*) DO NOT require proof. Remaining programs require an award letter from SSA or state agency stating that you receive the benefit, or a similar official document. **Provide Copies ONLY**

- Supplemental Nutrition Assistance Program (SNAP) Food Stamps*
- Cash Assistance or Temporary Assistance for Needy Families (TANF) or Family Independence Program*
- Medicaid
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (Section 8)
- Low-Income Home Energy Assistance Program (LIHEAP)
- National School Lunch Program's (Free Lunch Program)

* Programs are validated by a state agency (No Proof required)

OPTION 2

Qualify by checking the number of people in your family and your monthly income, attach proof of income such as last year's Federal or State Income Tax return, a Social Security statement of benefit, a letter from your employer, pay stubs from 3 consecutive months, an Unemployment or Workmen's Compensation statement of benefits, a Retirement/Pension statement of benefits or a divorce decree, child support award, or other official document containing income information. **Provide Copies ONLY**

Household Income MUST be at or below the guidelines in table below:

Persons in Family or Household	Annual Income	Monthly Income	
1	\$15,512	\$1,293	<input type="checkbox"/>
2	\$20,939	\$1,745	<input type="checkbox"/>
3	\$26,366	\$2,197	<input type="checkbox"/>
4	\$31,793	\$2,649	<input type="checkbox"/>
5	\$37,220	\$3,102	<input type="checkbox"/>
6	\$42,647	\$3,554	<input type="checkbox"/>
7	\$48,074	\$4,006	<input type="checkbox"/>
8	\$53,501	\$4,458	<input type="checkbox"/>
For each additional person, add:	\$5,427	\$452	<input type="checkbox"/>

SafeLink® is a Lifeline supported service. Lifeline is a federal benefit, and only eligible subscribers may enroll. Customers 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.

Lifeline is available for only one line per household. A household is defined as any individual or group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household rule constitutes a violation of FCC rules, and will result in the Customer's disenrollment from Lifeline. Lifeline is a non-transferable benefit, and a Customer may not transfer his or her benefit to another person.

Check this box if you would like to receive pre-recorded special offers and promotional offers from TracFone at the Contact Telephone number provided above.

SECTION 3

You MUST check off (✓) all statements, then Sign and Date application. (Your application cannot be approved without these items)
I certify under penalty of perjury to each of the following:

Boxes MUST be checked off

- I participate in the above designated qualifying program OR have income at or below the level specified above.
- I understand that I must notify SafeLink® within 30 days if I no longer participate in the qualifying program or meet the income eligibility threshold, if I or another member of my household obtains Lifeline supported service from another carrier, or, for any other reason, I no longer qualify for Lifeline support.
- I understand I may be required to recertify my continued eligibility for Lifeline at any time, and failure to do so will result in termination of my Lifeline benefits.
- If I change my address, I will provide my new address to SafeLink® within 30 days.
- My household will receive only one Lifeline benefit and to the best of my knowledge, my household is not already receiving a Lifeline service.
- The information contained in this application is true and accurate to the best of my knowledge, and I acknowledge that providing false or fraudulent information to obtain Lifeline benefits is punishable by law.

I authorize Safelink Wireless® or its duly appointed representative to: (1) access any records required to verify my statements herein; (2) to confirm my continued eligibility for Lifeline assistance; (3) to update my address to a proper mailing address format; (4) to provide my name, telephone number, and address to the Universal Service Administrative Company (USAC) (the administrator of the program) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline benefit; and (5) authorize social service agency representatives to discuss with and/or provide information to Safelink Wireless® verifying my participation in benefit programs that qualify me for Lifeline assistance.

Safelink service is offered pursuant to Safelink Terms and Conditions, which can be found at www.safelink.com

By signing below, I separately affirm and agree to each of the above statements.

Applicant Signature _____ **Date** _____

For questions please call 1-800-SafeLink (1-800-723-3546) Fax application to: 1-866-902-5756 Promo Code:

Mail application to: SafeLink Wireless® • PO Box 220009 • Milwaukie, OR 97269-0009