

# Oregon Lifeline Application (Free Wireless Service)

Oregon Lifeline is a federal and state government program that lowers the monthly cost of phone or internet service for qualifying low-income households.

SECTION



**If you qualify (see page 2), please complete sections A, B or C, D and F. (Section E is if a sales person submits this form.)  
Submit application to service provider listed on page 4.**

\*Required fields

|                                                                            |  |                                   |                               |                                        |
|----------------------------------------------------------------------------|--|-----------------------------------|-------------------------------|----------------------------------------|
| _____/_____/_____<br>*Applicant's legal name (First, Middle Initial, Last) |  |                                   | _____/_____<br>*Date of birth |                                        |
| _____-_____-_____<br>*Social Security Number                               |  | _____-_____-_____<br>Phone Number | _____-_____-_____<br>Home     | _____-_____-_____<br>Cell              |
| _____<br>Email address                                                     |  |                                   |                               |                                        |
| _____-_____-_____<br>*Home address                                         |  | _____-_____-_____<br>Apt.#        | _____-_____-_____<br>*City    | _____-_____-_____<br>*Zip code         |
| Is this address temporary?    Yes    No                                    |  |                                   |                               |                                        |
| _____-_____-_____<br>Mailing address (if different than above)             |  | _____-_____-_____<br>Apt.#        | _____-_____-_____<br>City     | _____-_____-_____<br>State    Zip code |

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

|                                                                              |  |  |                               |  |
|------------------------------------------------------------------------------|--|--|-------------------------------|--|
| _____/_____/_____<br>Child or dependent's name (First, Middle Initial, Last) |  |  | _____/_____<br>*Date of birth |  |
| _____-_____-_____<br>Social Security Number                                  |  |  |                               |  |

Please continue to next page.

## SECTION

**Program-based eligibility.**

Place a check mark next to the program(s) that you or your household members are currently enrolled in:

**No documentation needed:**

Supplemental Nutrition Assistance Program  
Medicaid

**Provide documentation:**

Supplemental Security Income (SSI)  
Veterans or Survivors Pension  
Federal Public Housing Assistance (Section 8)

**Tribal specific programs****Provide documentation:**

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.)

**Complete Section C only if you do not qualify for any programs in Section B.**

**Income-based eligibility.**

Place a check mark next to your Household Size. To qualify, your Household Yearly Income must fall within the range indicated next to your Household Size. A Household is defined as any individual or group of individuals who live together at the same address and share income and expenses. Proof of income must be included with your application.

| Household Size | Gross Yearly Income | Household Size | Gross Yearly Income | Household Size | Gross Yearly Income |
|----------------|---------------------|----------------|---------------------|----------------|---------------------|
| 1              | \$21,128            | 4              | \$43,403            | 7              | \$65,678            |
| 2              | \$28,553            | 5              | \$50,828            | 8              | \$73,103            |
| 3              | \$35,978            | 6              | \$58,253            |                |                     |

For each additional person in your household size, add \$7,425.

**Provide one or more of the following documents as proof of your income:**

*(Provide copies only – originals will not be returned)*

- Last year's Federal or State income tax return
- Current annual income statement from employer
- Pay stubs for any three consecutive months within the last 12 months
- Veteran's administration statement of benefits
- Unemployment or Workers' Compensation statement of benefits
- Social Security statement of benefits
- Retirement or Pension statement of benefits
- Divorce decree or Child Support documentation containing income information

**Please continue to next page.**

**SECTION**



**Agreement.** *(You must initial each statement.)*

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

Initial

I understand that if I am approved as eligible, it may take 30 to 60 days for my service provider to apply the Oregon Lifeline benefit to my account.

Initial

I give the Oregon Public Utility Commission (PUC), the Federal Communication Commission, and the Universal Service Administrative Company authority to obtain or review any required records needed to confirm my statements and to confirm that I qualify for the Oregon Lifeline benefit. I also authorize my service provider to release any required records for my Oregon Lifeline benefit.

Initial

I understand that my household can only get one Lifeline benefit.

Initial

I understand that if I break or violate the one-per-household rule, I will be de-enrolled from the Oregon Lifeline program.

Initial

I agree to let the PUC know within 30 days if:

- I move.
- I disconnected service.
- I no longer qualify for the Oregon Lifeline benefit.
- I receive more than one Oregon Lifeline benefit.
- Another member of my household is also receiving the Oregon Lifeline benefit.

Initial

I understand that my Oregon Lifeline benefit may not be transferred or given to any other person.

Initial

I understand that I may be required to recertify my continued eligibility for the Oregon Lifeline benefit at any time and that, if I do not comply, my Oregon Lifeline benefits will stop.

Initial

I understand that Oregon Lifeline is a federal and state benefit and willfully making false statements or providing false or fraudulent documents to obtain the benefit is punishable by law and can result in fines, imprisonment, disqualification or being permanently removed from the program.

**All statements I have made in this application are true and correct to the best of my knowledge.**

\_\_\_\_\_  
\*Physical or digital signature of applicant

\_\_\_\_\_  
\*Date

**SECTION**



**Agent Information**

Answer only if a sales person submits this form.

\_\_\_\_\_  
\*Agent's legal name (First, Middle Initial, Last)

\_\_\_\_\_  
\*Date of birth

\_\_\_\_\_  
\*Agent's ID number

**Please continue to next page.**

SECTION



**Service Provider**

Include with your application a copy of your eligibility documentation and proof of identity,\* if required. See section B or C. **Proof of identity can include your driver's license, U.S. Government, Military, or state issued ID.**

**Access Wireless by i-wireless**

- Access Wireless provides a free SIM card for use with an unlocked, 4G/5G LTE-compatible smartphone. Please visit [https://www.accesswireless.com/shop-phones/eligible\\_phones](https://www.accesswireless.com/shop-phones/eligible_phones) for more information.
- Free Plan: 1,000 minutes, unlimited texts, and 4.5 GB of data. (Plan features are subject to change.)

**Submit application by mail to:**

Access Wireless  
One Levee Way, Ste 1122  
Newport, KY 41071  
or

Fax to: 1-888-594-4473

Apply online @ [www.accesswireless.com/lifeline](http://www.accesswireless.com/lifeline) Questions? Contact Access Wireless at 1-888-900-5899

**FOR YOUR SECURITY WITH ACCESS WIRELESS**

If you qualify, you will need an Account Passcode and security question to access your account. Please write them down for safekeeping.

**CHOOSE YOUR ACCOUNT PASSCODE:**

- 4 - 6 numbers long
- No symbols or letters (@#PRTE won't work)

**YOUR ACCOUNT PIN:**

**YOUR SECURITY QUESTION & ANSWER:**

What is the first school you attended?

Your answer: \_\_\_\_\_