

Oregon Lifeline Application

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

If you qualify (see page 2), complete sections 1 though 4 and submit it to the service provider listed on page 4.



Your Information - Please print clearly.

All **highlighted** fields are required.

Full legal name		
First	Middle	Last
Phone number		Date of birth
-	-	Month / Day / Yr
Email address		Social Security Number (SSN)
@		- - -
Home address <small>(The address where you will get service. Do not use a P.O. Box)</small>		
City	State	Zip Code
	Oregon	
Is this a temporary address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing address <small>(if different than home address)</small>		
City	State	Zip Code

Provide your full legal name. (No Nicknames)

Must have Date of Birth and full SSN so we can verify your identity and eligibility

Must contain valid physical address. Cannot accept "Homeless" or "General Delivery"

P.O. Box is acceptable as mailing address. General delivery cannot be used.

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

Their full legal name		
First	Middle	Last
Their date of birth		Their full Social Security Number (SSN)
Month / Day / Year		- - -



PROGRAM-BASED ELIGIBILITY

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

No Documentation Needed:

Supplemental Nutrition Assistance Program (SNAP)
Supplemental Security Income
Medicaid

Documentation Required:

Veterans or Survivors Pension Federal
Public Housing Assistance (Section 8)

Tribal Specific Programs

Documentation Required:

Bureau of Indian Affairs General Assistance
Tribal Temporary Assistance for Needy Families
Food Distribution Program on Indian Reservations
Tribal Head Start (Only Households that meet the income qualifying standard.)

Complete Section 2b **ONLY** if you do not qualify for any programs in Section 2a.



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
<input type="checkbox"/> 1	\$0 - \$18,347	<input type="checkbox"/> 3	\$0 - \$31,091	<input type="checkbox"/> 5	\$0 - \$43,835
<input type="checkbox"/> 2	\$0 - \$24,719	<input type="checkbox"/> 4	\$0 - \$37,463	<input type="checkbox"/> 6	\$0 - \$50,207

More than 6 members of your household? Please contact us at 1-800-848-4442.

**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 PAGE 3

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Agreement

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

You must initial next to each statement. 

ALL boxes must be initialed with the letters of the applicants name. Xs or checkmarks will not be accepted.

Initial

I understand that completing this application does not immediately approve me for the Oregon Lifeline benefit. I will be notified in writing of my application status.

Initial

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.

- A household is defined as any persons who live together at the same address and share income and expenses.

Initial

I agree that my service provider can give the Oregon Public Utility Commission, the Federal Communications Commission (FCC), and the Universal Service Administrative Company (USAC) all of the information I am giving on this form. I understand that this information is meant to help run the Lifeline Program and that if I do not give it, I will not be able to get Lifeline benefits.

Initial

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

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).

Initial

The Oregon Public Utility Commission 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 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

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

Applicant Signature: _____	Month	Day	Year
Print Name: _____	Date: _____ / _____ / _____		



Print your name, sign and date

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Agent Information

Answer only if a sales person submits this form.

Agent's full legal name		
First	Middle	Last
Agent's ID number		Agent's date of birth
		Month / Day / Year



Service Provider

- Include with your application a copy of your eligibility documentation, if required.

Access Wireless

- Access Wireless provides a free phone or you can use or purchase your own compatible device.
- **Free Plan:** 1,000 minutes, unlimited texts, and 4.5 GB of data.

- Submit application by mail to:

Access Wireless
One Levee Way, Ste 3116
Newport, KY 41071

—or—

- Fax to: 1-888-594-4473
- Apply online @ www.accesswireless.com/lifeline
Questions? Contact Access Wireless at 1-888-900-5899