

**REQUIRED CONNECTICUT APPLICATION FORM
LIFELINE ASSISTANCE PROGRAM**

SECTION I

Date: _____

Please make sure that you provide correct personal information. Your information will be validated against Public Records and any discrepancies could result in delays in your application approval.

1. PLEASE PRINT name and physical residence address of person applying for assistance:

| | | | |
|------------------------|----------------------|----------------|-------------------|
| Last Name | First Name | Middle Initial | Home Phone Number |
| Cell-Phone Number | Contact Phone Number | E-mail | |
| Street / Apartment No. | City | State | Zip Code |
| Last 4 digits of SSN | | | Birth Date |

| 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 | | ✓ | | ✓ | | ✓ |
| Voicemail | | ✓ | | ✓ | | ✓ |
| Nationwide text | | ✓ (0.3 minutes per text) | | ✓ (1 minute per text) | | ✓ (1 minute per text) |
| Roaming at no additional cost | | ✓ | | ✓ | | ✓ |
| Free 911 | | ✓ | | ✓ | | ✓ |
| 411 Directory Assistance* | | ✓ | | ✓ | | ✓ |
| Carry-over minutes from month to month | | ✓ | | ✓ | | ✗ ** |
| 100+ international long distance destinations | | ✓ | | ✗ | | ✗ |

*Minutes can be used for 411 calling at no additional cost.
**If you choose this plan, all unused minutes (including purchased cards and free minutes) will be removed/wiped out and will not carry over on your next monthly minutes delivery.

SECTION II

I hereby certify that I participate in at least ONE of the following public assistance programs (select just ONE program from the list):

- Care for Kids
- Connecticut Energy Assistance Program
- CONNPACE
- Contingency Heating Assistance Program
- Federal Public Housing Assistance / Section 8
- Supplemental Nutrition Assistance Program (Food Stamps)
- Medicaid/Title 19 (including Husky and Healthy Start)
- Personal Care Assistance
- Refugee Program
- Rental Assistance
- State Administered General Assistance
- State Supplement to the Aged, Blind, or Disabled
- Supplemental Security Income (SSI)
- Temporary Family Assistance

Please make sure that you complete **SECTION III** on next page

SECTION III

PLEASE READ AND SIGN THE FOLLOWING:

Penalty of Perjury

Under title 18 U.S.C. § 1621, whoever willfully states as true any material matter which he does not believe to be true in a statement under penalty of perjury, is guilty of perjury and shall, except as otherwise expressly provided by law, be fined or imprisoned not more than five years, or both.

I certify under penalty of perjury that:

- I qualify based on the total household income as identified herein.
- I do not currently receive Lifeline support for a land or wireless line serving my residential address, listed in page one of this application, and no other resident at my residential address participates in the Lifeline program; otherwise I agree to cancel my current household Lifeline support provider in favor of SafeLink Wireless®.
- I am head of household and I am not claimed as a dependent on someone else's federal or state tax return.
- I will notify SafeLink Wireless® when my income level changes and I no longer qualify for the lifeline assistance program by calling 1-800-SafeLink (723-3546)
- I will notify SafeLink Wireless® of any change of address by calling 1-800-SafeLink (723-3546)
- The information contained on this form is true and correct to the best of my knowledge and belief.
- I understand that the SafeLink benefit is not transferrable.

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; and (4) 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. I understand that completion of this form does not constitute immediate approval for Lifeline.

By signing below, I acknowledge that providing fraudulent documentation/information in order to receive assistance is punishable by law.

Printed Name _____ Date _____

Applicant Signature _____

E-Signature _____

Referred By A Friend

Customer's First Name

Customer's Last Name

SafeLink Phone Number

Please check this box if you would like to receive pre-recorded special offers for SafeLink Customers and promotional offers from TracFone at the Home Telephone number provided in the Contact information.

**Please return information to: SAFELINK WIRELESS®
PO Box 220009
Milwaukie OR 97269-0009**

OR Fax application to: 1-866-902-5756

**For questions concerning Lifeline, please call SafeLink Wireless® business office at
1-800-SafeLink (723-3546)**