



SafeLink WIRELESS®

APPLICATION FOR UTAH LIFELINE ASSISTANCE PROGRAM

SECTION 1

Please read all instructions before completing. Information will be validated. Discrepancies could result in delays.

Home Phone Number _____

Cell Phone Number _____

Contact Phone Number _____

First Name _____ MI _____ Last Name _____

Birth Date (Month/Day/Year) _____

Email Address _____

Full Social Security Number _____

Plan Features

Choose your plan (check one)

	<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 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 2

To apply for SafeLink you may choose ONE of the two options below:

OPTION 1 Qualify by certifying you belong to ONE of the programs listed below (No proof necessary).

I hereby certify that I participate in at least ONE of the following public assistance programs:

- Federal Public Housing/Section 8
- General Assistance
- HEAD START (Income Based Qualification ONLY)
- Home Energy Assistance Program HEAT/Home Electric Lifeline Program (HELP)
- Medicaid (Not the same as Medicare)
- National School Lunch Program (NSL) (NOT REDUCED)
- Refugee Assistance
- Supplemental Nutrition Assistance Program (Food Stamps)
- Supplemental Security Income (SSI) (Not the same as Social Security Benefits)
- Temporary Assistance to Needy Families (TANF)
- Work Toward Employment

OPTION 2 Qualify via income. You must submit proof of total household income from ONE of the following: 4 months consecutive pay stubs, letter from employer, or last year's income tax form (Please provide copies ONLY).

HOUSEHOLD INCOME:

Please check household persons and income level that applies. Eligibility may apply if your total household income is at or below the following guidelines.

Persons in Family or Household	Annual Income	Monthly Income	
1	\$14,702	\$1,225	<input type="checkbox"/>
2	\$19,859	\$1,655	<input type="checkbox"/>
3	\$25,016	\$2,085	<input type="checkbox"/>
4	\$30,173	\$2,514	<input type="checkbox"/>
5	\$35,330	\$2,944	<input type="checkbox"/>
6	\$40,487	\$3,374	<input type="checkbox"/>
7	\$45,644	\$3,804	<input type="checkbox"/>
8	\$50,801	\$4,233	<input type="checkbox"/>
For each additional person, add:	\$5,157	\$430	<input type="checkbox"/>

SECTION 3

Please read and sign the following:

BY SIGNING BELOW, I ACKNOWLEDGE THAT PROVIDING FRAUDULENT DOCUMENTATION/INFORMATION IN ORDER TO RECEIVE ASSISTANCE IS PUNISHABLE BY LAW.

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 or program participation as identified herein.
- I do not currently receive Lifeline support for a land or wireless line serving my residential address. No other resident at my address participates in the Lifeline program; otherwise I agree to cancel my current household Lifeline support provided in favor of SafeLink Wireless®.
- I am head of household and I am not claimed as dependent on someone else's federal or state tax return.
- I will notify SafeLink Wireless® when my income level changes or I no longer qualify for any of the programs identified herein by calling 1-800-SafeLink (1-800-723-3546).
- I will notify SafeLink Wireless® of any change of address by calling 1-800-SafeLink (1-800-723-3546).
- 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.

PRIVACY LAW

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.

SIGN & DATE HERE

Applicant Signature _____

Date _____

For questions please call 1-800-SafeLink (1-800-723-3546)

PROMO CODE: _____

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

Fax application to: 1-866-902-5756