



[State Name] Lifeline Application

IF YOU HAVE QUESTIONS ABOUT THIS FORM PLEASE CALL PHONE 1-888-898-4888 or TTY 1-XXX-XXX-XXXX 9am to 12am ET (Mon - Fri) 9am to 11pm ET (Sat & Sun) PLEASE RETURN THIS FORM ALONG WITH COPIES OF SUPPORTING DOCUMENTATION BY XX/XX/XX

Please verify your eligibility:

- 1. You may use either Section B or Section C to qualify
2. Sign and date the form in Section D
3. Attach documents to support your eligibility listed in Section B or C
4. Mail the application to Virgin Mobile Lifeline, PO Box 100 Artesia, CA 90702

A. PERSONAL INFORMATION

The person below MUST BE the same person applying for the discount. Please do not forget to sign the application below in Section D.

«First_Nm» «Middle_Int» «Last_Nm»
«Service_Address_Line_1»
«Service_Address_Line_2»
«Service_City»,«Mailing_State_Cd» «Zip_Cd»

B. PROGRAM-BASED ELIGIBILITY

Fill in all bubbles for all program(s) the person in Section A is currently enrolled. For the National School Lunch and Head Start programs, a household dependent enrolled in the program satisfies the enrollment requirement.

Form with checkboxes for Medicaid, Food Stamps, Supplemental Security Income (SSI), Temporary Assistance to Needy Families (TANF), Federal Public Housing Assistance (FPHA), Low-Income Energy Assistance Program (LIHEAP), and National School Lunch Program's Free Lunch Program. Includes instruction: 'You must attach a copy of a program identification card or other social service agency document that shows you currently participate in one of the programs listed above. (Supporting documentation will NOT be returned)'

- OR -

C. INCOME-BASED ELIGIBILITY

Calculate TOTAL household income by reporting the income of all adult persons residing in your home in the appropriate category:

Table with Household Size (1-5) and Maximum Yearly Income (\$14,621 to \$34,817). Includes instructions: 'You must attach proof of income reported. Examples include: Prior year's State or Federal income tax return OR Most recent type of current statement from the income source(s) noted below: Three consecutive months' worth of your most current pay stubs, Social Security benefits statement, Veterans Administration benefits statement, Retirement/Pension benefits statement, Divorce decree or child support document, Unemployment/Workers Compensation benefits statement. (Supporting documentation will NOT be returned)'

D. SIGNATURE

BY SIGNING BELOW, I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS TRUE AND CORRECT AND THAT I AM HEAD OF MY HOUSEHOLD AND ONLY RECEIVE LIFELINE SERVICE FROM VIRGIN MOBILE. I ALSO ACKNOWLEDGE THAT PROVIDING FALSE OR FRAUDULENT DOCUMENTATION IN ORDER TO RECEIVE ASSISTANCE IS PUNISHABLE BY LAW AND THE PENALTIES OF PERJURY INCLUDE MONETARY FINES AND POTENTIAL IMPRISONMENT.

I UNDERSTAND THAT COMPLETION OF THIS APPLICATION DOES NOT CONSTITUTE IMMEDIATE APPROVAL FOR THE VIRGIN MOBILE LIFELINE PROGRAM. I AUTHORIZE VIRGIN MOBILE USA OR ITS DULY APPOINTED REPRESENTATIVE TO ACCESS ANY RECORDS (INCLUDING FINANCIAL RECORDS) REQUIRED TO VERIFY MY STATEMENTS HEREIN AND TO CONFIRM MY ELIGIBILITY FOR THE VIRGIN MOBILE LIFELINE PROGRAM. I AUTHORIZE SOCIAL SERVICE AGENCY REPRESENTATIVES TO DISCUSS WITH AND/OR PROVIDE INFORMATION TO VIRGIN MOBILE USA VERIFYING MY PARTICIPATION IN PUBLIC ASSISTANCE PROGRAMS THAT QUALIFY ME FOR LIFELINE. I ALSO AUTHORIZE VIRGIN MOBILE USA TO RELEASE ANY RECORDS (INCLUDING FINANCIAL RECORDS) REQUIRED FOR THE ADMINISTRATION OF THE LIFELINE PROGRAM.

I UNDERSTAND THAT I MAY BE REQUIRED TO VERIFY MY CONTINUED ELIGIBILITY FOR LIFELINE AT ANY TIME. FAILURE TO VERIFY ELIGIBILITY WILL RESULT IN TERMINATION OF THE VIRGIN MOBILE LIFELINE PROGRAM. IN THE FUTURE, IF MY TOTAL HOUSEHOLD INCOME EXCEEDS 135% OF THE FEDERAL POVERTY GUIDELINES, OR I AM NO LONGER ELIGIBLE TO RECEIVE BENEFITS FROM AT LEAST ONE OF THE QUALIFYING PUBLIC ASSISTANCE PROGRAMS LISTED ABOVE, I WILL NOTIFY VIRGIN MOBILE USA WITHIN FIVE (5) DAYS.

I UNDERSTAND THAT LIFELINE IS ONLY AVAILABLE FOR ONE LANDLINE OR WIRELESS PHONE LINE PER HOUSEHOLD. IF I CURRENTLY HAVE A LIFELINE PLAN WITH A DIFFERENT PHONE SERVICE PROVIDER, I WILL NOTIFY MY CURRENT PROVIDER WHEN I AM APPROVED FOR THE VIRGIN MOBILE LIFELINE PROGRAM.

Signature and Date lines with a large arrow pointing to the signature line.

