

MASSACHUSETTS APPLICATION

Questions? Please Call 1-888-898-4888



1
PERSONAL INFORMATION
(Please do not forget to SIGN the application in Section 4.)

The information below **MUST** be that of the person applying for Assurance Wireless service. You **MUST** be at least 18 years of age to apply.

First Name: _____ Last Name: _____ Email: _____
(If applicable)

Date of Birth: / / Last 4 digits of Social Security Number:

Home Address: Is this a temporary address? Home Telephone Number: _____
(If applicable)

Street Address: _____ Apt: _____
(PO Boxes or General Delivery cannot be accepted)

City: _____ State: _____ Zip Code: _____

Mailing Address: (if different from above)

Street Address: _____ Apt: _____
(PO Boxes allowed)

City: _____ State: _____ Zip Code: _____

2
ELIGIBILITY

To be eligible for Assurance Wireless service, you or a member of your household must participate in a qualifying Program listed in 2A, **OR** your Household Yearly Income must meet the qualifications for Lifeline Assistance listed in 2B.

In order to process your application, you **MUST SEND PROOF OF ELIGIBILITY DOCUMENTATION**. Please **DO NOT** send original documents. (If you are not the Program participant, please provide the first and last name of the person participating in a qualifying Program listed in 2A.)

Program participant: _____
(First Name) (Last Name)

2A
PROGRAM-BASED ELIGIBILITY

Send in proof of Program participation.

Put a check mark next to the documents that you are sending:
Send a copy of ONE of these:

- Program participation document (your benefit ID card)
- Notice letter of participation (official letter from an authorized agency)
- Statement of benefits (from the past 12 months)

Put a check mark next to the qualifying Program(s) your household is currently enrolled in:

- Supplemental Nutrition Assistance Program (SNAP)/Food Stamps
- Medicaid (Medicare is not acceptable)
- Supplemental Security Income (SSI) (Not the same as Social Security Benefits)
- Federal Public Housing Assistance (Section 8)
- Veterans and Survivors Pension Benefit
- Tribal Temporary Aid for Needy Families (Tribal TANF)
- Bureau of Indian Affairs General Assistance
- Food Distribution Program on Indian Reservations
- Head Start (Tribal only)

OR
INCOME-BASED ELIGIBILITY
\$ 2B

Send in proof of Income.

Put a check mark next to the documents that you are sending:
Send a copy of ONE of these:

(Provide proof of Income for 12 months. If the documentation does not show a full year of Income, provide proof for 3 months in a row in the past 12 months.)

- Prior year's state or federal Income tax return
- Current Income statement from employer
- Federal notice letter of participation in General Assistance
- Divorce decree or child support document containing Income
- Social Security benefits statement
- Veterans Administration benefits statement
- Retirement or pension benefits statement
- Current paycheck stub
- Unemployment or Workers' Compensation benefits statement

To qualify, your Household Yearly income for your Household Size must be within the ranges listed below:
(A Household is one or more individuals who live together at the same address and share Income and expenses.)

How many individuals in your household? (including yourself)	Household	
	Size	Yearly Income
<input type="checkbox"/> 1	1	\$0 - \$16,281
<input type="checkbox"/> 2	2	\$0 - \$21,924
<input type="checkbox"/> 3	3	\$0 - \$27,567
<input type="checkbox"/> 4 or more _____	4	\$0 - \$33,210*

(list how many)

*To calculate the Yearly Income range for households with more than 4 members, add \$5,643 for each additional person.

Send in your application with the proof of eligibility (from Section 2.)

Mail to: Assurance Wireless
 PO Box 686, Parsippany, NJ 07054-9726
Fax to: 1-877-732-3018



