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 5 and submit it to the service provider of your choice on page 4.

1 Your Information - Please print clearly.

All highlighted fields are required.

Full legal name
First Middle Last

Phone number
– –

Date of birth
Month Day Year
/ /

Email address
@

Social Security Number (SSN)
– –

Home address *(The address where you will get service. Do not use a P.O. Box)*

Apt., Unit, etc.

City

State
Oregon

Zip Code

Is this a temporary address? ☐ Yes ☐ No

Mailing address *(if different than home address)*

Apt., Unit, etc.

City

State

Zip Code

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
Month Day Year
/ /

Their full Social Security Number (SSN)
– –

OR999999999999XB

PLEASE CONTINUE TO PAGE 2

2a 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.)

Note: enTouch Wireless requires proof of identity

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

2b 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
☐ 1	$0 - $17,388	☐ 3	$0 - $29,646	☐ 5	$0 - $41,904
☐ 2	$0 - $23,517	☐ 4	$0 - $35,775	☐ 6	$0 - $48,033

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

3 Agreement

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

You must initial next to each statement.

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: _____

Print Name: _____ **Date:** Month ___ / Day ___ / Year ___

4 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 ___

5 Service Provider

- Place a check mark ☑ next to the service provider of your choice.
- Include with your application a copy of your eligibility documentation and proof of identity,* if required. See section 2a or 2b

*Proof of identity can include your driver's license, U.S. Government, Military, or state issued ID.

☐ Access Wireless

- Access Wireless provides a free phone or you can use your own compatible device
- Plan: 1,000 free minutes, unlimited text messages, 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

☐ Assurance Wireless

- Assurance Wireless provides a free phone or you can use your own compatible device.
- Plan: 1,400 free minutes, unlimited text messages, and 4.5 GB of data.
- Submit application by mail to:
  Assurance Wireless
  PO Box 5040
  Charleston, IL 61920-9907

—or—

- fax to: 1-877-732-3018

—or—

- Apply online @ **www.assurancewireless.com**

Questions? Contact Assurance Wireless at 1-888-898-4888

FOR YOUR SECURITY WITH ASSURANCE WIRELESS

If you qualify, you'll need an Account PIN to access your account and a Secret Answer in case you ever forget your PIN. Please write them down for safekeeping.

CHOOSE YOUR ACCOUNT PIN:

- It must be 6 numbers long
- No more than 3 consecutive numbers in a row (1234 won't work)
- Do not repeat numbers next to each other (44 won't work)
- No symbols or letters (@#PRTE won't work)

YOUR ACOUNT PIN: ☐ ☐ ☐ ☐ ☐ ☐

YOUR SECRET ANSWER:

What is your favorite city?

Your Secret Answer: _____

☐ enTouch Wireless

- enTouch Wireless does not provide a free phone. Use your own compatible device.

☐ Plan: 1000 free minutes, unlimited text, and 100 MB of data

- Submit application by mail to:
  enTouch Wireless
  955 Kacena Rd, Ste A
  Hiawatha, IA 52233

—or—

- Apply online @ **www.entouchwireless.com**
  Questions? Contact enTouch Wireless at 1-844-891-1800

Tribal Residents:

- enTouch Wireless provides a free phone for Tribal residents or use your own compatible device

☐ Plan: Unlimited voice minutes, unlimited text, and 1.5 GB of data.

assurance wireless

SERVICE INFORMATION FORM OREGON

ASSURANCE WIRELESS UNLIMITED – EMERGENCY BROADBAND BENEFIT (EBB) PLAN*

IMPORTANT INFORMATION ABOUT THE EMERGENCY BROADBAND BENEFIT (EBB) PROGRAM

The new Emergency Broadband Benefit (EBB) program was created by Congress to temporarily reduce high-speed Internet costs for low-income households during the Covid-19 pandemic. With temporary funding support from the Federal Government, Assurance Wireless can offer Unlimited Data, Texting, Calling and 10GB Hotspot to eligible customers. Customers who continue service at the end of the EBB program will be moved to the free Assurance Wireless Lifeline-only plan, if eligible, or offered other options. These options may include undiscounted (non-EBB) rated plans and may be subject to the company's general terms and conditions.

Do you want to enroll in Assurance Wireless Unlimited, an Emergency Broadband Benefit (EBB) plan?

☐ Yes ☐ No

By providing my full signature on application:

- I consent to enroll in Assurance Wireless Unlimited while this program is operational, or until I cancel this service.
- I consent to transfer my EBB Benefit to Assurance Wireless if I have EBB Service with another provider.
- If I remain with Assurance Wireless after leaving the EBB program, I consent to transition to a Lifeline-only service if eligible, or otherwise to a Pay as You Go plan.
- I consent that Assurance Wireless may transmit to the EBB Program Administrator the following information needed for proper administration of the EBB Program: my full name, full residential address, date of birth, the telephone number associated with my EBB service, the date on which my EBB discount benefit began, the date on which my EBB discount benefit ended, if it has ended, the amount of support required for my account and how I qualified for the EBB program.

* **Limited-time offer.** Emergency Broadband Benefit Program, a government program that reduces eligible consumer's broadband Internet access service bill, is temporary and ends when federal funds are expended, or 6 months after end of pandemic, whichever comes first; Assurance Wireless will notify customer in advance. One discount per eligible household and is non-transferable across households. Customers who remain with Assurance Wireless after EBB Program ends will be moved to Lifeline plan, if eligible, or a non-EBB plan subject to general terms and conditions. Eligible consumers may obtain EBB program service from any participating provider and may transfer their EBB benefit to another participating provider at any time. For details on the EBB program, visit https://www.fcc.gov/broadbandbenefit. Unlimited while on our network. Mobile Hotspot up to 10GB 4G LTE. Capable device required. By activating your device and service, you agree to the Assurance Wireless Terms and Conditions. See full terms (including arbitration provision) and details at assurancewireless.com