



Email (Required)

Please provide us with your email address. Please note, if you do not provide your email address here, we will be unable to reach you if there is a problem with your application.

Please read this page carefully. Instructions on how to process an application are shown below.

Step 1: Fill out this application form correctly and completely.

Step 2: Mail the application along with a copy of your unexpired government issued ID and a copy of your proof of eligibility to StandUp Wireless P.O Box 2148 Norcross, GA 30091. *See eligibility requirements below.*

Step 3: You will receive an email once the StandUp Wireless Lifeline Department receives your documents. To find out the status of your application, please contact our Customer Care team at 1(800)544-4441.

Step 4: If your application is approved, you will receive a device to the address you provide on your application form. When you receive the device, make sure to dial 611 for activation.

A complete and signed Lifeline Service Application and Certification is required to enroll you in StandUP Wireless' Lifeline service program in your state. Service requests will not be processed until this Form has been received and verified by Company.

Please review the information provided below to determine the types of documentation that are acceptable for each eligibility program.

- **Supplemental Nutrition Assistance Program (SNAP)**
 - Please submit a SNAP Award Letter, Statement of benefits, or letter of participation with the Applicant's Full Name, Program Name, Benefit Effective/Issue date within 12 months of the time that you apply.
- **Medicaid**
 - Please submit a Medicaid Card, Medicaid Award Letter, Statement of Benefits, or Letter of Participation with the Applicant's Full Name, the Program Name, and with a Benefit Effective Date **or** Issue Date that is within the past 12 months.
- **Supplemental Security Income (SSI)**
 - Please submit a SSI Award Letter, Statement of benefits, letter of participation, with the Applicant's Full Name, Program Name, Benefit Effective/Issue date within 12 months of the time that you apply.
- **Federal Public Housing Assistance (Section 8)**
 - Please submit a FPHA Award Letter, Statement of benefits, letter of participation, voucher, or leasing agreement with the Applicant's Full Name, Program Name, Benefit Effective/Issue date within 12 months of the time that you apply.
- **Federal Veterans Affairs (VA) Veterans Pension or Survivors Pension**
 - Please submit a Pension Grant Letter, Statement of benefits, or letter of participation with the Applicant's Full Name, Program Name, Benefit Effective/Issue date within 12 months of the time that you apply.
- **Income at 135% or less than the Federal Poverty Guidelines**
 - Please submit your prior year's W-2, SSA-1099 Form, 1040A Tax Form, or a current Statement of benefits or award letter from Social Security or the Veteran's Administration with the Applicant's, Full Name, Name of income document type (W-2, 1099, statement of benefits, etc.) If annual document (W-2, 1099, 1040A), it must be from the previous year only. For instance, if applying in 2019, 2018 annual forms are acceptable. 2017 forms will not be acceptable. If monthly award letter or statement of benefits, benefit effective/issue date must be within 12 months of the date that you are applying.



Lifeline Enrollment Application

A complete and signed Lifeline Service Application and Certification ("Certification") is required to enroll you in StandUp Wireless' Lifeline service program in your state. This Certification is only for the purpose of verifying your eligibility for Lifeline service and will not be used for any other purpose. Service requests will not be processed until this Form has been received and verified by Company.

Personal Information:

First Name: _____ Middle Name: _____ Last Name: _____

DOB Month: _____ Day: _____ Year: _____ Last Four of SSN: _____ Contact Number: _____

Residential Address (May not be a PO Box) Street Address: _____

Apt: _____ City: _____ State: _____ Zip Code: _____

This address is (*choose one*): Permanent Temporary

Check if you live on Tribal Lands

Shipping Address (if different from Above):

Street address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Activation and usage requirement disclosures: This service is a prepaid service and you must personally activate it by dialing 611 from your handset. To keep your account active, *you must use your Lifeline service at least once during any 30-day period by completing an outbound call, sending a text message, using your mobile broadband connection, purchasing additional minutes or data from Company, answering an in-bound call from someone other than the Company, or by responding to a direct contact from the Company confirming that you want to continue receiving Lifeline service from Company.* If your service goes unused for 30 days, you will no longer be eligible for Lifeline benefits and your service will be suspended (allowing only 911 calls and calls to the Company's customer care center) subject to a 15-day cure period during which you may use the service (as described above) or contact the Company to confirm that you want to continue receiving Lifeline service from Company.

I hereby certify that I have read and understood the disclosures listed above regarding activation and usage requirements.

Authorizations:

I understand I have the right to enroll in the Lifeline service using non-electronic methods. I further understand that I have the right to withdraw this consent at any time prior to activation of my service. The Company has advised me that I may request a paper copy of my contract and associated fees by calling 611 from my wireless handset.

I hereby authorize the Company to send me notifications, via text messages, emails, and phone calls (by automated telephone dialing system, manually, or with pre-recorded/artificial voice messages) regarding my Lifeline benefit, marketing messages, and promotional offers. I may withdraw my consent to receive some of these messages by dialing 611 from my Company provided wireless number. Opting out will not affect the Company's ability to contact me with messages regarding the Lifeline program and/or service functionality via the methods listed herein.

I acknowledge that I am providing the information I have included in this application to CGM, LLC and further authorize CGM, LLC to receive and use my information for enrollment verification and waste, fraud and abuse mitigation purposes. Additionally, I authorize CGM to receive and use my historic Lifeline enrollment information for enrollment verification and waste, fraud and abuse mitigation purposes.

If I am found to already be receiving a Lifeline discount benefit from another Lifeline provider, I understand my current benefit will be transferred to StandUp Wireless. I consent to the transfer of my Lifeline discount benefit from my current Lifeline provider to StandUp Wireless.

By checking the box immediately below, I hereby certify, under penalty of perjury, that the information included in this certification form is true and correct to the best of my knowledge.

I agree that my service provider can give the Lifeline Program administrator 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 let them give it to the Administrator, I will not be able to get Lifeline benefits.

Applicant's Signature: _____ Date: _____