

# AirFire Mobile Lifeline Wisconsin Telephone Assistance Program

## Application Information (please print)

Name: \_\_\_\_\_  
(last) (first) (middle)

Address: \_\_\_\_\_  
(Street-not a P.O.) (County)

\_\_\_\_\_  
(City) (State) (Zip Code)

Is this a temporary address? (example: shelter, etc)  Yes  No

Social Security Number: \_\_\_\_\_

Number of persons in household? \_\_\_\_\_

Phone number you can be reached at (required): \_\_\_\_\_

Telephone Number (if existing service): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of current service provider: \_\_\_\_\_

Do you or a current member of your household receive Lifeline assistance at the above address?  Yes  No

Have you or any member of your household received telephone connection (Link-Up) assistance to the above address?  Yes  No

Are you listed as a dependent on another person's tax return for federal income tax purposes?

Yes  (You may not receive Lifeline assistance if another person lists you as a dependent unless you are more than 60 years of age)

No

## Eligibility Criteria

I currently participate in the following public assistance program(s): (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Wisconsin Works, Or W2                     | <input type="checkbox"/> Received the Wisconsin Homestead Tax Credit for the most recently completed year |
| <input type="checkbox"/> Medical Assistance (MA)                    | <input type="checkbox"/> Medicaid   |
| <input type="checkbox"/> Supplemental Security Income (SSI)         | <input type="checkbox"/> National School Lunch Program's free lunch program (must qualify for free lunch) |
| <input type="checkbox"/> Food Stamps                                | <input type="checkbox"/> Head Start (must satisfy income qualifying standard)                             |
| <input type="checkbox"/> Low-Income Home Energy Assistance (LIHEAP) |   |
| <input type="checkbox"/> Badger Care                                |   |

My current household income is at or below 135% of the Federal Poverty Guide (Check and attach copies of one or more of the documents below)

- |   |   |
|---|---|
| <input type="checkbox"/> Prior year's state or federal tax return   | <input type="checkbox"/> Divorce decree or child support document                                   |
| <input type="checkbox"/> Social Security benefits                   | <input type="checkbox"/> Unemployment/Workers Compensation statement                                |
| <input type="checkbox"/> Veterans Administration benefits statement | <input type="checkbox"/> Current annual income statement from employer or most recent paycheck stub |
| <input type="checkbox"/> Retirement/Pension benefit statement       |   |

If you provide documentation other than your prior year's state or federal tax return, you must submit three consecutive months worth of the same type of document within the current calendar year.

Please circle which location you would like to pick up your phone:

**AirFire Mobile**  
347 Casaloma Dr.  
Appleton

**AirFire Mobile**  
Bay Park Square Mall  
Green Bay

**AirFire Mobile**  
3868 E Washington  
Madison

**AirFire Mobile**  
2100 W Stewart Ave.  
Wausau

I HAVE READ THE INFORMATION ON THIS APPLICATION AND UNDERSTAND THAT I MUST SATISFY THE ABOVE REQUIREMENTS TO RECEIVE LIFELINE ASSISTANCE. I UNDERSTAND THAT COMPLETION OF THE APPLICATION DOES NOT CONSTITUTE IMMEDIATE ENROLLMENT IN THE LIFELINE PROGRAM. I UNDERSTAND THAT THESE BENEFITS ARE ONLY AVAILABLE FOR A SINGLE TELEPHONE LINE AT MY PRINCIPAL RESIDENCE AND THAT I MAY NOT RECEIVE LIFELINE BENEFITS MORE THAN ONCE AT THE SAME RESIDENCE.

I AGREE TO NOTIFY AIRFIRE MOBILE WITHIN FIVE (5) CALENDAR DAYS IF I CEASE TO PARTICIPATE IN ANY OF THE ABOVE PROGRAMS OR MY HOUSEHOLD INCOME EXCEEDS 135% OF THE FEDERAL POVERTY GUIDELINES. I UNDERSTAND THAT I MAY BE REQUIRED TO VERIFY MY CONTINUED ELIGIBILITY FOR LIFELINE ASSISTANCE AT ANY TIME AND FAILURE TO DO SO WILL RESULT IN THE TERMINATION OF THESE BENEFITS.

I AGREE TO NOTIFY MY CURRENT LIFELINE SERVICE PROVIDER THAT I HAVE APPLIED TO RECEIVE LIFELINE AND LINK-UP BENEFITS FROM ANOTHER PROVIDER.

I AGREE TO NOTIFY AIRFIRE MOBILE IF I AM NO LONGER USING THE SERVICE AND/OR WOULD LIKE TO TERMINATE SERVICE.

I AGREE TO NOTIFY AIRFIRE MOBILE IF MY ADDRESS CHANGES.

I AUTHORIZE EINSTEIN WIRELESS TO ACCESS ANY RECORDS NECESSARY TO VERIFY THE INFORMATION ON THIS APPLICATION AND TO CONFIRM MY CONTINUED ELIGIBILITY TO RECEIVE LIFELINE ASSISTANCE. I AUTHORIZE THE RELEASE OF THE INFORMATION ON THIS APPLICATION AND SUPPORTING DOCUMENTATION AS MY BE REQUIRED FOR THE ADMINISTRATION OF THE LIFELINE PROGRAM.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED TO AIRFIRE MOBILE IS TRUE AND CORRECT.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit a completed application

via mail to:

Mail application to:  
**AirFire Mobile**  
Attention Lifeline Administrator  
2301 Kelbe Drive  
Little Chute, WI 54140

Via fax to:  
1-877-592-3376  
AirFire Mobile  
Attention Lifeline Administrator

In person to:  
An AirFire Mobile Store

An AirFire Mobile representative will contact you to communicate eligibility status.