

## Section 1

Date (MM/DD/YYYY): 08/04/2022

Please make sure that you provide correct personal information. Your information will be validated against Public Records and any discrepancies could result in delays in your approval or rejection of service.

## 1. PLEASE PRINT name and physical residence address of person verifying for assistance:

ALEVRAS	JAMES	PAUL	3703	11/28/1970
Legal Last Name	Legal First Name	MI	SSN (Last 4)	Birth Date (MM/DD/YYYY)
889 HARRISON AVE	BOSTON			02118
Street Address / Apt. Number (no PO BOX allowed)	City			Zip Code
	MA	8573011342	JALEVRAS1970@GMAIL.COM	
Address Line 2	State	Contact Phone Number	Email Address	

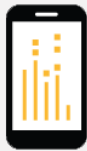
## Mailing Address

Mailing Address (PO Box allowed)	Mailing Address 2	City	Zip Code	State

Complete this part **ONLY** if your child or dependent is the Lifeline eligible applicant.

Legal First Name	Legal Last Name	Birth Date (MM/DD/YYYY)	SSN (Last 4)

## Your Plan Features



## Smartphone

350 FREE monthly minutes &amp; unlimited texts with 4.5GB/month of FREE data.

+ Unused balance will not carryover from month to month.

\*\* Each account may be allowed to dial up to 15 unique international telephone numbers during a 30-day plan cycle, which resets each time a new plan is redeemed. Unlimited international calls are available to landline and mobile numbers in select destinations only, which are subject to change at any time. Calls must originate from the US or Puerto Rico. No international roaming is allowed. Other terms and conditions apply.

## Section 2

I hereby certify that I or someone in my household currently get benefits from the government program(s) listed below or meet the income guidelines:

- ☒ Medicaid
- ☒ Supplemental Nutrition Assistance Program (SNAP) Food Stamps

This service is supported by Lifeline. Lifeline is a federal benefit that makes monthly telephone and broadband service more affordable for eligible households. Your household may receive the Lifeline benefit for telephone service OR broadband service, but not both. For Lifeline telephone service, your household may receive the Lifeline benefit for one mobile OR one fixed home telephone service, but not both. For Lifeline broadband service, your household may receive the Lifeline benefit for one mobile broadband OR one fixed broadband service, but not both. Your household may not receive the Lifeline benefit from more than one service provider. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income and expenses. Lifeline is a non-transferable benefit. You may not transfer your Lifeline benefit to another person, even if he or she is eligible. You will lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive the Lifeline benefit.

We will validate your Lifeline eligibility with the National Verifier. By clicking the 'I agree and E-sign' button below, you are selecting SafeLink as your Lifeline provider. Once we receive confirmation of your eligibility from the National Verifier, we will automatically enroll you with SafeLink. If you currently receive Lifeline from another provider, your other Lifeline benefit will be terminated. You authorize SafeLink to communicate any information provided to the Universal Service Administrative Company for the purpose of providing Lifeline service to you.

I understand this is a digital signature and is the same as if I sign my name with a pen.

- I authorize SafeLink Wireless or its duly appointed representative to: (1) access any records required to verify my statements herein; (2) to confirm my continued eligibility for Lifeline assistance; (3) to update my address to proper mailing address format; (4) to provide my name, telephone number, and address to the Universal Service Administrative Company (USAC) (the administrator of the program) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline benefit; and (5) authorize social service agency representatives, including the Massachusetts Department of Transitional Assistance, to discuss with and/or provide information to SafeLink Wireless® verifying my participation in benefit programs that qualify me for Lifeline assistance.

- By submitting this application, you authorize social service agency representatives, including the Massachusetts Department of Transitional Assistance, to discuss with and/or provide information to SafeLink Wireless verifying your participation in benefit programs that qualify you for Lifeline assistance. For unresolved Lifeline concerns or complaints, you can contact the Massachusetts Department of Telecommunications and Cable at:

1-800-392-6066 (toll free) or 617-305-3531

consumer.complaints@mass.gov

1000 Washington Street, Suite 820

Boston, MA 02118

Fax: 617-988-8288

For additional information about the Lifeline Program, please visit [www.mass.gov/dtc](http://www.mass.gov/dtc) or [www.lifelinesupport.org](http://www.lifelinesupport.org).

By signing below, I separately affirm and agree to each of the above statements

08/04/2022 10:49

Date (MM/DD/YYYY)

Electronically Signed by JAMES ALEVRAS August 4, 2022

E-Signature

WASL801

PromoCode

## Have Questions?

Call our Support phone number at: 1-800-SafeLink (723-3546).