

**Cricket Lifeline Credit – Arizona**

Lifeline is a government assistance program that grants eligible individuals a credit each month on their phone bill. You may qualify for a \$10.00 credit on your monthly wireless bill if you receive low income benefits under certain programs and/or if your total household income is below 150% of the federal poverty guidelines. **You must have (or sign-up for) Cricket Wireless service to receive this credit.** The Cricket Lifeline Credit is only available for Cricket Wireless service; it is not available for Cricket Broadband or Cricket PAYGo service.

If you are a resident of Arizona, you may qualify for the Cricket Lifeline Credit by one of two methods. Method 1 is program-based; if you or another person in your household is enrolled in at least one of the public assistance programs listed below, you may qualify. Method 2 is income-based; you may also qualify if your household’s total gross income is at or below the income limits listed below. **You must provide documentation verifying participation in at least one of the programs listed below or provide documentation verifying your household income.** Bring this application and your documentation to a Cricket Corporate-Owned Store or Exclusive Cricket Dealer. To locate the store nearest you, visit [www.mycricket.com/locations](http://www.mycricket.com/locations).

1. QUALIFYING PROGRAMS/INCOME LEVELS *(check only one – proof of program enrollment or income is required)*

**METHOD 1: PROGRAM-BASED**

- LIHEAP (Low-Income Home Energy Assistance Program)
- Medicaid
- Section 8 (Federal Public Housing Assistance)
- SNAP (Supplemental Nutrition Assistance Program; Food Stamps)
- SSI (Supplemental Security Income)
- TANF (Temporary Assistance for Needy Families)
  
- NSLP (National School Lunch Program; Free Lunch Program Only)

**SUPPORTING DOCUMENTATION REQUIRED**

**Program Based (Method 1)**

- Benefit card or documentation from qualifying program
- Notice or letter of participation in a qualifying program
- Official document demonstrating that applicant, one or more of applicant’s dependents or applicant’s household receives benefits from a qualifying program
- Current or priors year’s statement of benefits from qualifying program

**METHOD 2: INCOME-BASED**

- One Person Household:** Less than \$16,755 Annually
- Two Person Household:** Less than \$22,695 Annually
- Three Person Household:** Less than \$28,635 Annually
- Four Person Household:** Less than \$34,575 Annually
- Five Person Household:** Less than \$40,515 Annually
- Six Person Household:** Less than \$46,455 Annually
- Seven Person Household:** Less than \$52,395 Annually
- Eight Person Household:** Less than \$58,335 Annually
- More Than Eight Person Household:** Less than \$58,335, plus \$58,335 for each additional member, Annually

**SUPPORTING DOCUMENTATION REQUIRED**

**Income Based (Method 2)**

- 3 consecutive months of pay stubs within the previous 12 months.
- Current income statement or W-2 from an employer
- State or federal income tax return
- Unemployment/Workers’ Compensation statement of benefits
- Social Security, Veterans Administration or retirement/pension statement of benefits
- Any other legal document that shows current income (such as a divorce decree or child support documents)

2. Personal Information (Please Print Clearly): <i>The person below must match the name on the applicant's phone bill*</i>		
First Name:	Last Name:	
Street Address (PO Boxes will not be accepted):		Apartment Number:
City:	State:	Zip Code:
Cricket Wireless Telephone Number:	Date of Birth: ____/____/____	Last 4 Digits of Social Security Number: ____
<p><i>*Benefit Recipient: If a household member other than the applicant is receiving program benefits, please provide recipient name and proof of program participation.</i></p> <p><i>Name of Benefit:</i> _____</p> <p><i>Relationship to Applicant:</i> _____</p>		

3. Legal Requirements and Signature Declaration: <i>Please acknowledge your agreement by initialing every line below</i>	
_____	I understand that completion of this application does not constitute immediate approval for the Cricket Lifeline Credit. It may take up to 30 days for the credit to appear on my account.
_____	I authorize Cricket Communications to access any records required to verify my statements herein and to confirm my eligibility for the Cricket Lifeline Credit. I also authorize Cricket Communications to release any records required for the administration of the Cricket Lifeline Credit program.
_____	I am head of household and no one at my residence is currently receiving a Cricket Lifeline Credit or Lifeline service from another provider (landline or wireless). An example of another landline Lifeline service provider would be (insert name) and an example of another wireless Lifeline service provider would be (insert wireless carrier name).
	<ul style="list-style-type: none"> <li>✓ Violation of the one-per-household limitation constitutes a violation of the rules and will result in de-enrollment from the program.</li> <li>✓ A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.</li> </ul>
_____	I agree to notify Cricket Communications within 30 days if I no longer meet the criteria for receiving Lifeline (i.e. no longer meet the income-based or program-based criteria, receiving more than one Lifeline benefit or another member of my household is also receiving a Lifeline benefit.)
_____	I agree to notify Cricket Communications within 30 days if I move and to provide Cricket Communications with my new address.
_____	I understand that the Cricket Lifeline Credit is a non-transferable benefit and may not be transferred to any other person.
_____	I understand that I may be required to verify my continued eligibility for the Cricket Lifeline Credit at any time and that failure to do so will result in de-enrollment and termination of the Cricket Lifeline Credit benefits.
_____	I understand that Lifeline is a federal benefit and willfully making false statements or providing false or fraudulent documents to obtain the benefit is punishable by law and can result in fines, imprisonment, de-enrollment or being barred from the program.
By signing below, I certify under <b>penalty of perjury</b> that the all information contained in this application is true and correct and that I meet the income-based or program-based eligibility criteria for the Cricket Lifeline Credit.	
Applicant Name	_____
Applicant Signature	_____
Date of Signature	_____

**CRICKET USE ONLY: ALL FIELDS MUST BE COMPLETED PRIOR TO SUBMISSION BY CRICKET STORE/DEALER REP**

CUSTOMER LAST NAME \_\_\_\_\_

MDN \_\_\_\_\_

Account Number \_\_\_\_\_

New Customer  Yes  No

Date of Cricket Activation \_\_\_\_\_

Current Rate Plan (*Cricket Wireless ONLY*) \_\_\_\_\_

Verification of State/Federal Picture ID  Yes  No **(REQUIRED)**

Store Number/Clik or Location ID \_\_\_\_\_

Date Application Submitted to Cricket \_\_\_\_\_

What Method is the Applicant Applying Under  Method 1  Method 2

Number of Individuals in Household (Method 2 ONLY) \_\_\_\_\_

What Type of Supporting Documentation Did the Customer Present (Check One Below):

<b><u>METHOD 1: PROGRAM-BASED</u></b>	<b><u>METHOD 2: INCOME-BASED</u></b>
<input type="checkbox"/> <b>LIHEAP</b> (Low-Income Home Energy Assistance Program)	<input type="checkbox"/> 3 consecutive months of pay stubs within the previous 12 months.
<input type="checkbox"/> <b>Medicaid</b>	<input type="checkbox"/> Current income statement or W-2 from an employer
<input type="checkbox"/> <b>Section 8</b> (Federal Public Housing Assistance)	<input type="checkbox"/> State or federal income tax return
<input type="checkbox"/> <b>SNAP</b> (Supplemental Nutrition Assistance Program; Food Stamps)	<input type="checkbox"/> Unemployment/Workers' Compensation statement of benefits
<input type="checkbox"/> <b>SSI</b> (Supplemental Security Income)	<input type="checkbox"/> Social Security, Veterans Administration or retirement/pension statement of benefits
<input type="checkbox"/> <b>TANF</b> (Temporary Assistance for Needy Families)	<input type="checkbox"/> Any other legal document that shows current income (such as a divorce decree or child support documents)
<input type="checkbox"/> <b>NSLP</b> (National School Lunch Program; Free Lunch Program Only)	

**I hereby attest that the supporting documentation was presented and verified. (REQUIRED)**

**Company Representative Name (please print)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_