

Fax to: 1-877-870-9333  
Email to: enroll@reachoutmobile.com or  
Mail to: ReachOut Wireless  
PO Box 247168  
Columbus, OH 43224-7168



## ANNUAL RE-VERIFICATION FORM

I certify that I participate in one of the following programs (check one):

- Federal Public Housing Assistance or Section 8
- Temporary Assistance to Needy Families (TANF)
- Supplemental Nutrition Assistance Program (SNAP/Food Stamps)
- Supplemental Security Income (SSI)
- Medicaid
- Low Income Home Energy Assistance Program (LIHEAP)
- National School Lunch Program's Free Lunch Program (NSL)

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**10-Digit Reachout Mobile Number:** \_\_\_\_\_

**Last 4 Digits of Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_ **Apt.# :** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
(No P.O. Box for Residential Address) **This is my (check one):**  Permanent Address  Temporary Address

*If you move, you must update your residential address with ReachOut Wireless within 30 days.*

**Billing Address (if different):** \_\_\_\_\_ **Apt.# :** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

I Certify That:

I am aware that Lifeline is a federal government assistance program, that willfully making false statements to obtain Lifeline can result in fines, imprisonment, de-enrollment or being barred from Lifeline.

I currently participate in one or more of the Lifeline-qualifying public assistance programs or qualify for Lifeline based on household income.

I am aware that only eligible consumers may enroll in Lifeline. I am also the Head of the Household.

I am aware that only one Lifeline discount per household is allowed. If I currently receive Lifeline from another phone company, I must de-enroll from Lifeline from the other company or from Nexus/Reachout Wireless.

I am aware that I may not transfer your Lifeline service to anyone.

I will notify Nexus/Reachout Wireless within 30 days if I no longer receive government assistance or meet the income-based qualification, or someone else in your household receives Lifeline.

I understand that if I move, I will need to provide Nexus/Reachout Wireless with my new address within 30 days or I may be de-enrolled from Lifeline.

I authorize Nexus/Reachout Wireless to verify my eligibility with, and release my personal information to, including social service agencies, and entities and databases that manage the Lifeline program, including the Universal Service Administrative Company.

I understand that providing false information to receive Lifeline benefits can result in fines, imprisonment or denial of benefits, and you certify under penalty of perjury that all the information I have provided is true and correct to the best of my knowledge.

**Applicant's Signature:** \_\_\_\_\_

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