

Exhibit 2



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

___ **125 FREE Rollover Minutes**

___ **250 FREE Non-Rollover Minutes**

LIFELINE APPLICATION or ANNUAL RENEWAL – INCOME BASED

I certify that my household income is at or below 135% of the Federal Poverty Guidelines as indicated below:

<p>Eligibility for Lifeline may apply if your household income is at or below 135% of the Federal Poverty Guidelines for a household of that size. Indicate which income range applies to you in the chart. Proof of eligibility based on income can include:</p> <ul style="list-style-type: none"> Last year's federal or state tax return Current income statement from an employer or paycheck stub (must cover 3 consecutive months within the previous 12 months) A Social Security statement of benefits A retirement/pension statement of benefits An Unemployment/Workers' Compensation statement of benefit Federal notice letter of participation in General Assistance Divorce decree, child support award or other official document containing income information 	Check or Complete	Persons in Household	Annual Income	Monthly Income
	<input type="checkbox"/>	1	\$15,512	\$1,293
	<input type="checkbox"/>	2	\$20,939	\$1,745
	<input type="checkbox"/>	3	\$26,366	\$2,197
	<input type="checkbox"/>	4	\$31,793	\$2,649
	<input type="checkbox"/>	5	\$37,220	\$3,102
	<input type="checkbox"/>	6	\$42,647	\$3,554
	<input type="checkbox"/>	7	\$48,074	\$4,006
	<input type="checkbox"/>	8	\$53,501	\$4,458
— # in household	For each add'l person, add:	\$5,427	\$453	

Check box for NEW SERVICE

☐

IF THIS IS NEW SERVICE, you MUST provide proof of eligibility based on income, which can include any of the documents listed above

OR

Check box for ANNUAL CERTIFICATION

☐

IF YOU ARE RENEWING SERVICE, no documents are required, but you must certify to each of the certifications below.

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

Last 4 digits of Soc. Security #: _____ Date of Birth: _____

Residential Address: _____ Apt. _____ City: _____ State: ____ Zip: _____

(no P.O. Box for res. address)

Select if Address is Temporary: ☐

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 acknowledge that Lifeline is a government assistance program and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- _____ I acknowledge that only Lifeline eligible consumers may enroll in the Lifeline Program.
- _____ I acknowledge that only one Lifeline service is available per household, and that, to the best of my knowledge, no other person in my household is receiving a Lifeline service. (For purposes of Lifeline, a "household" is any individual or group of individuals who live together at the same address and share income and expenses.)
- _____ I acknowledge that a household is not permitted to receive Lifeline benefits from multiple providers and that violation of this limitation constitutes a violation of the rules of the Federal Communications Commission and will result in de-enrollment from the Lifeline program. If I am participating in another Lifeline program at the time I apply for ReachOut Wireless Lifeline service, I agree to cancel that Lifeline service with any other provider.
- _____ I acknowledge that Lifeline is non-transferable and that I may not transfer my benefit to any other person.
- _____ I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
- _____ I will notify ReachOut Wireless within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline services, such as no longer participating in any of qualifying program, or if I or a member of my household receives another Lifeline benefit.
- _____ I acknowledge that I may be required to re-certify to my continued eligibility for Lifeline at any time, and that my failure to re-certify will result in de-enrollment and termination of my Lifeline benefits.
- _____ If I move to a new address, I will provide the new address to ReachOut Wireless within 30 days.
- _____ If I provided a temporary address, I will be required to verify my temporary address every 90 days. If I do not provide verification within 30 days, I will be de-enrolled from the Lifeline program.
- _____ I authorize ReachOut Wireless to access any state or federal governmental records or database required to verify my statements herein and to confirm my continued eligibility for Lifeline and authorize social service agency representatives to discuss with and/or provide information to ReachOut Wireless verifying my participation in programs that qualify me for Lifeline. I also authorize ReachOut Wireless to release any records required for the administration of ReachOut Wireless' Lifeline program, including to the Universal Service Administrative Company (USAC), to be used in a Lifeline Program Database. I understand that the records are required to ensure the proper administration of the Lifeline program and that failure to provide consent will result in the applicant being denied the Lifeline service.
- _____ I certify under **penalty of perjury** that the information contained in this certification is true and correct to the best of my knowledge.

Applicant's Signature: _____

Date: _____