



Application For Kansas Lifeline and Link-Up America Programs

Kansas Lifeline and Link-Up America are telephone discounts programs offered to low-income consumers. Please certify your eligibility to receive the discount by indicating how you qualify. You may also need to show proper documentation.

Customer Name: _____ **Phone No.** _____ **Date:** _____

You may qualify for Kansas Lifeline and/or Link-Up America if you participate in one of the following programs.

Please circle the program in which you participate.

- | | |
|----------------------------------------|---------------------------------------------------------------|
| Food Stamps | United Tribes Food Distribution Program |
| General Assistance | BIA General Assistance |
| Supplemental Security Income (SSI) | Tribally administered Temporary Assistance for Needy Families |
| Temporary Assistance to Needy Families | Head Start (income qualifying only) |
| Medicaid | Free School Lunch Program |

You may also qualify if your annual household income at or below 150% of the federal poverty level guidelines. **Customers qualifying by virtue of annual household income will need to follow these instructions:**

- 1. Complete the Self-Certification on reverse page.**
- 2. Provide proof of your annual income.**

(Proof includes the prior year's state, federal, or tribal tax return, current payroll checks, Social Security statement of benefits, a Veterans Administration statement of benefits, or an Unemployment/Worker's Compensation statement of benefits. If your proof is of a monthly nature such as a payroll check you must provide three consecutive months of proof.)

Persons in Household	150% of Federally Recognized Poverty Guidelines
1	\$15,315
2	20,535
3	25,755
4	30,975
For each additional person, add:	5,220

By signing below, you are certifying that the telecommunications services are installed in your name; you are not a dependent listed on another person's tax return, unless over 60 years of age; the address listed on your account is your primary residence and your name, address, phone number and social security number listed on this form and on your account are current and correct.

Customer Signature _____ **Date** _____

_____ I will notify Rainbow Communications when I am no longer receiving the assistance I have indicated and/or my annual household income no longer qualifies me for these discounts (please initial).



Self-Certification for Lifeline Subscribers Qualifying Under Income Levels

I, _____
(Legal Name)
_____,
(Name of Company)

in support of my application for Lifeline discounted telephone service, accurately represents my annual household income. I further certify that there are _____ individuals living in my household. I
(Number)
make these certifications under penalty of perjury, punishable by law.

Signed: _____

Print Name: _____

Date: _____

For Telephone Company Use Only

Name of employee who reviewed income documentation:

Type of income documentation:
