

## Annual Self Certification for Lifeline/Link Up Subscribers

I, \_\_\_\_\_ certify that I am currently eligible for Lifeline discounted telephone service provided by Haviland Telephone Company, Inc.

**(Please circle correct statement)**

I further certify that I am eligible due to my participation in \_\_\_\_\_  
(Name of Program; See below)

I further certify that I am eligible by virtue that my annual household income is at or below 150% of the Federally Recognized Poverty Guidelines for the number of persons residing in my household.

I make these certifications under penalty of perjury, punishable by law.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

In order to qualify for Lifeline in Kansas, a customer must meet one of the following criteria. Participation in: (Proof of Participation is required.)

- Food Stamps
- General Assistance
- Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TAR)
- Medicaid
- United Tribes Food Distribution Program
- BIA General Assistance
- Tribally administered Temporary Assistance for Needy Families (TANF)
- Head Start (only those meeting it's income qualifying standard)
- Free School Lunch Program

**OR**

- Annual Household Income at or below 150% of the federal poverty level guidelines (see chart below). (Verification of income is required.)

| Persons in Household | Annual household income no higher than: | Persons in Household             | Annual household income no higher than: |
|----------------------|---|----------------------------------|---|
| 1                    | \$16,245                                | 5                                | \$38,685                                |
| 2                    | \$21,855                                | 6                                | \$44,295                                |
| 3                    | \$27,465                                | 7                                | \$49,905                                |
| 4                    | \$33,075                                | For each additional person, add: | \$5,610                                 |

**Self-Certification for Lifeline/Link Up Subscribers Qualifying Under Income Levels**

I, \_\_\_\_\_  
(Legal Name) certify that the documentation I presented to Haviland Telephone Company, Inc., in support of my application for Lifeline discounted telephone service, accurately represents my annual household income. I further certify that there are \_\_\_\_\_  
(Number) individuals living in my household. I make these certifications under penalty of perjury, punishable by law.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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*For Telephone Company Use*

Name of Employee Who Reviewed Income Documentation

\_\_\_\_\_

Type of Income Documentation

\_\_\_\_\_