



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.)

- Federal Public Housing Assistance/Section 8
- Low Income Home Energy Assistance Program (LIHEAP)
- Food Stamps (Vision card & receipt or Benefit letter)
- 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.)

2011 Guidelines

Persons in Household	Annual household income no higher than:	Persons in Household	Annual household income no higher than:
1	\$16,335	5	\$39,255
2	\$22,065	6	\$44,985
3	\$27,795	7	\$50,715
4	\$33,525	For each additional person, add:	\$5,730

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: _____

How did you hear about the Lifeline Program?

- | | |
|--|--|
| <input type="checkbox"/> Haviland Telephone website | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Haviland Telephone newsletter | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Other website _____ | <input type="checkbox"/> Referred by someone |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Other _____ |
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For Telephone Company Use

Name of Employee Who Reviewed Income Documentation

Type of Income Documentation
