

Annual Self-Certification for Lifeline Subscribers

I, _____ certify that I am currently eligible for Lifeline discounted telephone service provided by _____.
(Name of Company)

(Please circle correct statement)

I further certify that I am eligible due to my participation in _____.
(Name of Program; See list 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: _____

Print Name: _____

Date: _____

In order to qualify for Lifeline in Kansas, a customer must meet one of the following criteria.

Participation in:

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

OR

- Annual Household Income at or below 150% of the federal poverty level guidelines (see chart below)

Persons in Household	Annual household income no higher than:	Persons in Household	Annual household income no higher than:
1	\$14,355	5	\$33,915
2	19,245	6	38,805
3	24,135	7	43,695
4	29,025	For each additional person, add:	4,870