



**KANSAS LIFELINE - LINK UP AMERICA
CUSTOMER INFORMATION AND SELF-CERTIFICATION**

Instructions: Please fill out form completely and accurately. If Sage Telecom does not receive the completed form and required supporting documents within **30** days of your request: 1) the LinkUp Applicant’s installation order will be cancelled; 2) the Lifeline Renewal Applicant’s local service plan will revert to the then-effective tariff rate; and 3) the Lifeline credits will be discontinued. **Please complete either Section 1 or 2** of this form by **checking only one box** in either Section 1 or Section 2. Section 3 is optional and only applies to applicants residing on Tribal Lands. Each applicant must complete Section 4, and **all requirements in Section 4 must be met** to be eligible for Lifeline/Link Up service. If you have any questions or concerns, please call our Customer Care Department at 1-888-449-4940.

Lifeline Service / Link Up America (LUA) Program

1. **Social Service Programs.**

I certify that I participate in at least one of the following social service programs and will provide the required supporting documentation. *(Please check the appropriate box below.)*

Social Service Programs	Required Supporting Documentation
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	A copy of your most recent approval letter from Kansas Department of Social and Rehabilitation Services.
<input type="checkbox"/> Low Income Energy Assistance Program (LIEAP)	
<input type="checkbox"/> General Assistance	
<input type="checkbox"/> Section 8 Housing Assistance Program	
<input type="checkbox"/> Temporary Assistance for Families (TAF)	
<input type="checkbox"/> Supplemental Security Income (SSI)	A copy of the eligibility letter for SSI benefits (NOT the Social Security Statement)
<input type="checkbox"/> Medicaid	A copy of the Medicaid Card (NOT Medicare)
<input type="checkbox"/> National School Lunch Program’s Free Lunch Program	A copy of your approval letter for the Free Lunch Program
<input type="checkbox"/> Food Distribution Program	A copy of your Food Distribution Program card

2. **Income Eligibility Requirements.**

I certify that the number of people living in the household (per residential address) is _____. I certify that my income is at or below the 150% Federal Poverty Level as indicated below:

150% of Poverty Guideline’s Maximum Income	
# of Household Members	Maximum Annual Income*
1	\$16,335
2	\$22,065
3	\$27,795
4	\$33,525
5	\$39,255
6	\$44,985
7	\$50,715
8	\$56,445

* Note: Add \$5,730 for each additional household member.

I am providing, as required, the supporting documentation for the appropriate box as checked below:

- | | |
|--|--|
| <input type="checkbox"/> Prior year’s State or Federal Tax Return | <input type="checkbox"/> Paycheck stubs for three (3) consecutive months |
| <input type="checkbox"/> Social Security Administration Statement (SSA 1099) | <input type="checkbox"/> Veterans Administration Statement of Benefits |
| <input type="checkbox"/> Retirement Pension Statement of Benefits | <input type="checkbox"/> Unemployment / Workmen’s compensation Statement of Benefits |

Sage Telecom, Inc.

3300 E. Renner Road, Suite 350 Richardson, Texas 75082-2800 (214) 495-4700 Fax (866) 842-6462

3. **Tribal Lands Eligibility Requirements.**

I certify that I participate in at least one of the following Tribal Land programs, and will provide the required supporting documentation. *(Please check the appropriate box, if applicable.)*

- Bureau of Indian Affairs General Assistance Program
- Tribally-Administered Temporary Assistance for Families
- Head Start (for those meeting the income eligibility requirements)

I certify that I live on the following federally recognized Kansas Tribal Land. *(Please indicate below the Tribal Land or Reservation on which you reside.)*

Name of Tribal Land / Reservation

4. **I certify that the following information is correct.** *(All four (4) requirements must be met to qualify.)*

- The telephone service is in my name.
- I am not a dependent on another person's tax return, unless over 60 years of age.
- My address is the primary address, and not a secondary address or business address.
- I am only receiving **one** Lifeline Discount at the principal place of residence.

I authorize Sage Telecom, or its duly appointed representative, to access any records required to verify these statements in order to confirm my continued participation in the above-mentioned program(s). I authorize representatives to discuss with and/or provide copies to Sage Telecom, if requested by the Company, to verify my participation in the above program(s).

I understand that it is my obligation, **under penalty of perjury**, to notify Sage Telecom, Inc. if and when I no longer participate in one of the programs listed above and, therefore, am no longer eligible for the Lifeline/LinkUp program. I certify, **under penalty of perjury**, that the information provided on this form is correct.

Applicant: _____ Sage Account No.: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Applicant Telephone No. _____ Contact No. *(if different)* _____

Signature: _____ Date of Signature: _____

Please return the completed form, along with supporting documentation, as indicated below:

Fax Number: (866) 842-6462
Attn: Billing Department

Mailing Address: Sage Telecom, Inc.
Attn: Billing Department
3300 E. Renner Road, Suite 350
Richardson, Texas 75082-2800

For Sage Telecom, Inc.'s use only!

Approved / Denied _____ Date Lifeline / Link Up Processed _____

Type of Verification _____