



Thank you for choosing Sage Telecom as your Local Service provider.

You have indicated that you qualify for Lifeline service. Enclosed please find the required paperwork necessary for you to certify how you qualify for this service.

Please fill out the enclosed form completely and accurately, under penalty of perjury, then print your name, sign and date on the back of the form, and return it to the address listed below.

Upon receipt of this document, we will process your order with a scheduled due date three (3) days after receipt for conversion, and ten (10) days after receipt for new service installation.

If we fail to receive the form and required documents back from you within 60 days from the date your order was placed, your order will be cancelled.

If you have any questions or concerns, please call our Customer Care Department at 1-888-449-4940.

You may fax the completed Lifeline form to:

(214) 495-4899, Attn: Billing Department

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

**\*\*SELF-CERTIFICATION FORMS MUST BE MAILED TO THE ADDRESS ABOVE. DO NOT MAIL THE COMPLETED FORM WITH PAYMENTS OR OTHER CORRESPONDENCE.**



MICHIGAN LIFELINE - LINK UP AMERICA
CUSTOMER INFORMATION AND SELF-CERTIFICATION

Customer Name: \_\_\_\_\_ Phone (BTN): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age:\* \_\_\_\_\_

\*Participants 65 years or age or more shall receive a rate reduction of 25% of the basic local exchange rate or \$12.35, which shall be inclusive of any federal contribution, whichever is greater.

Lifeline Discount Service / Link Up America (LUA) Program

I certify, under penalty of perjury, that the annual income for my Household does NOT exceed 150% of the Federal Poverty Income Standards or that I participate in one of the following federal assistance programs:

- Medicaid, Food Stamps, Supplemental Security Income, Federal Public Housing Assistance, Low Income Home Energy Assistance Program, National School Lunch Program's Free Lunch Program, Temporary Assistance for Needy Families, Income-Based Eligibility \*

\_\_\_\_\_ # of individuals in the household

\*Customers that are income-based eligible must also provide the number of individuals residing in the household in order to determine qualifications.

The maximum household income levels for eligibility in the Lifeline Telephone Assistance Program are:

Table with 2 columns: # of Household Members, Annual Income\*. Rows range from 1 to 8 members with corresponding income levels.

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

VERIFICATION

Social Services - Participants must provide one or more of the following to receive Lifeline credit:

- A copy of the Medicaid Card (NOT Medicare)
A copy of the letter indicating eligibility for SSI benefits
A copy of the Food Distribution Program card
A copy of eligibility for Free Lunch Program

The person qualifying for the social programs must also be the person of record on the telephone account, with the exception of the Free Lunch Program.

**Income** - Participants must provide one or more of the following to receive the Lifeline credit:

- Prior year's state or federal tax return
- Current income statement from an employer or paycheck stub
- Social Security statement of benefits
- A Veteran's Administration statement of benefits
- A retirement pension statement of benefits
- An Unemployment/Workmen's Compensation statement of benefits

\*If a customer presents documentation of income that does not cover a full year, such as current pay stubs, the customer must present three consecutive months worth of the same types of document within that calendar year.

Additionally, a customer must self-certify that the income reported for the HOUSEHOLD is correct. The participants must sign a verification form, under oath, certifying that:

- The telephone service is in the person's name.
- The person is not a dependent on another person's tax return, unless over 60 years of age.
- Certify, under penalty of perjury, that the foregoing is true and correct:
  - The applicant's name;
  - Applicant's address;
  - Home phone;
  - Household size; and
  - Household income meets guidelines.

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 program. I authorize representatives of the above programs to discuss with and/or provide copies to Sage Telecom, if requested by the Company, to verify income and my eligibility for Lifeline benefits.

I understand that it is my obligation to notify Sage Telecom, Inc. if and when I no longer participate in one of the programs and therefore am no longer eligible.

**I affirm, under penalty of perjury, that the foregoing representations are true.**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**For Sage Telecom, Inc.'s use only!**

Date Self-Certification Received \_\_\_\_\_ Service Order Provisioned By \_\_\_\_\_ Date \_\_\_\_\_  
(Date) (Initials)