

ZENDA TELEPHONE COMPANY, INC.
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LIFELINE ELIGIBILITY FORM

NOTICES

- Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program;
- Only one Lifeline service is available per household;
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses;
- A household is not permitted to receive Lifeline benefits from multiple providers;
- Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program; and
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

SUBSCRIBER INFORMATION

- Full name _____
- Full residential address _____
- This address is permanent or temporary (check one)
- Billing address, if different from residential address _____

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- Subscriber's date of birth;
 - The last four digits of the subscriber's social security number, or the subscriber's Tribal identification number, if the subscriber is a member of a Tribal nation and does not have a social security number;
 - I hereby certify that I participate in at least one of the following programs (**CHECK ALL THAT APPLY**) OR my household income is at or less than 135% of the federal poverty level:

- _____ Supplemental Nutrition Assistance Program (SNAP a/k/a Food Stamps)
- _____ Supplemental Security Income (SSI)
- _____ Medical Assistance (Medicaid)
- _____ Federal Public Housing Assistance (FPHA)
- _____ Veterans Pension & Survivors Pension Benefit

- Tribal Lands Programs:
- _____ Bureau of Indian Affairs General Assistance
 - _____ Temporary Assistance for Needy Families (TANF) Tribally-administered block grant programs
 - _____ Head Start Programs (only those households meeting its' income qualifying standard)

_____ Food Distribution Program on Indian Reservations

OR

_____ My household income is at or less than 135% of the federal poverty level. There are ___ individuals in my household. Customer must provide sufficient proof of income as set forth in 47 CFR §54.400(f).

The KLSP income-based eligibility criteria are as follows:

<u>Size of Family Unit</u>	<u>Poverty Guide</u>	<u>KLSP Criteria</u>
1	\$12,060	\$16,281
2	\$16,240	\$21,924
3	\$20,420	\$27,567
4	\$24,600	\$33,210
5	\$28,780	\$38,853
6	\$32,960	\$44,496
7	\$37,140	\$50,139
8	\$41,320	\$55,782
Each Additional person add	\$ 4,180	\$ 5,643

SUBSCRIBER ACKNOWLEDGEMENTS

By initialing each of the certifications below I acknowledge each of the certifications below under penalty of perjury:

_____ I meet the income-based or program-based eligibility criteria for receiving Lifeline;

_____ I will subscriber will notify the carrier within 30 days if for any reason I no longer satisfies the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit.

_____ If I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, he or she lives on Tribal lands, as defined in 47 C.F.R. 54.400(e);

_____ If I move to a new address, I will provide that new address to the eligible telecommunications carrier within 30 days;

_____ My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;

_____ The information contained in this certification form is true and correct to the best of my knowledge,

_____ I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and

_____ I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of the subscriber's Lifeline benefits.

(d) Eligibility certification form. [Eligible telecommunications carriers](#) and [state Lifeline administrators](#) or other [state](#) agencies that are responsible for the initial determination of a subscriber's eligibility for Lifeline must provide prospective subscribers Lifeline certification forms that provide the information in paragraphs (d)(1) through (3) of this section in clear, easily understood language. If a Federal [eligibility certification form](#) is available, entities enrolling subscribers must use such form to enroll a [qualifying low-income consumer](#) into the Lifeline program.

(1) The form provided by the entity enrolling subscribers must provide the information in paragraphs (d)(1)(i) through (vi) of this section:

(i) Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program;

(ii) Only one Lifeline service is available per [household](#);

(iii) A [household](#) is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses;

(iv) A [household](#) is not permitted to receive Lifeline benefits from multiple providers;

(v) Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program; and

(vi) Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

(2) The form provided by the entity enrolling subscribers must require each prospective subscriber to provide the information in paragraphs (d)(2)(i) through (viii) of this section:

(i) The subscriber's full name;

(ii) The subscriber's full residential address;

(iii) Whether the subscriber's residential address is permanent or temporary;

(iv) The subscriber's billing address, if different from the subscriber's residential address;

(v) The subscriber's date of birth;

(vi) The last four digits of the subscriber's social security number, or the subscriber's Tribal identification number, if the subscriber is a member of a Tribal nation and does not have a social security number;

(vii) If the subscriber is seeking to qualify for Lifeline under the program-based criteria, as set forth in § 54.409, the name of the [qualifying assistance program](#) from which the subscriber, his or her dependents, or his or her [household](#) receives benefits; and

(viii) If the subscriber is seeking to qualify for Lifeline under the income-based criterion, as set forth in § 54.409, the number of individuals in his or her [household](#).

(3) The form provided by the entity enrolling subscribers shall require each prospective subscriber to initial his or her acknowledgement of each of the certifications in paragraphs (d)(3)(i) through (viii) of this section individually and under penalty of perjury:

(i) The subscriber meets the income-based or program-based eligibility criteria for receiving Lifeline, provided in § 54.409;

(ii) The subscriber will notify the carrier within 30 days if for any reason he or she no longer satisfies the criteria for receiving Lifeline including, as relevant, if the subscriber no longer meets the income-based or program-based criteria for receiving Lifeline support, the subscriber is receiving more than one Lifeline benefit, or another member of the subscriber's [household](#) is receiving a Lifeline benefit.

(iii) If the subscriber is seeking to qualify for Lifeline as an [eligible resident of Tribal lands](#), he or she lives on Tribal lands, as defined in 54.400(e);

(iv) If the subscriber moves to a new address, he or she will provide that new address to the [eligible telecommunications carrier](#) within 30 days;

(v) The subscriber's [household](#) will receive only one Lifeline service and, to the best of his or her knowledge, the subscriber's [household](#) is not already receiving a Lifeline service;

(vi) The information contained in the subscriber's certification form is true and correct to the best of his or her knowledge,

(vii) The subscriber acknowledges that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and

(viii) The subscriber acknowledges that the subscriber may be required to re-certify his or her continued eligibility for Lifeline at any time, and the subscriber's failure to re-certify as to his or her continued eligibility will result in de-enrollment and the termination of the subscriber's Lifeline benefits pursuant to § 54.405(e)(4).

