

KANSAS LIFELINE CERTIFICATION FORM



COMPANY INFORMATION

Name: Nex-Tech

Address: 3700 10th, Great Bend, KS 67530

Contact's Name: Lindsey Krom-Craven

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Contact's E-mail Address: LKrom-Craven@Nex-Tech.com

SUBSCRIBER INFORMATION

Full Name: _____

Date of Birth: _____ Last Four Digits of SS No: _____
MM/DD/YYYY XXXX

Which service are you applying for Telephone Broadband (10x1 connection required)
Discount=\$17.02 Discount=\$9.25

Full Service Address: _____
(No P.O. Boxes) STREET CITY STATE ZIP

Permanent Temporary

Lifeline Billing Address: _____
(P.O. Boxes Allowed) STREET CITY STATE ZIP

Check if Same as Service Address

Temporary Residential Address: _____
(e.g. shelter, friend, family member, etc.) STREET CITY STATE ZIP

In the case of addresses not recognized by the post office, including residences on Tribal land, provide a descriptive address that can be used to perform a check for duplicative support.

A subscriber will need to qualify with **one** of the below eligibility criteria areas:

❶ **Program-based criteria** check all applicable boxes below:

- Medicaid SNAP Supplemental Security Income FPHA (Section 8)
 Federal Veterans Pension and Survivors Benefit Food Dist. Program

❷ **Tribal Lands criteria** check all applicable boxes below:

- Tribal TANF FDPIR
 Head Start (those meeting income standard) Bureau of Indian Affairs GA

❸ **Income-based criterion**, provide the number of individuals in residential household:

Number in Household: _____

Note: A consumer must provide THREE CONSECUTIVE MONTHS of statements as documentation of income, or provide a copy of their tax return for the previous year.

<See Back of Form>

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.

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CERTIFY PROSPECTIVE SUBSCRIBER'S ELIGIBILITY

Each prospective subscriber **must** certify, under penalty of perjury for receiving Lifeline support, by **initialing** all areas, checkmarks are invalid responses:

- ____: The subscriber meets the income-based or program-based eligibility criteria listed above.
- ____: The subscriber must notify the carrier within 30 days if for any reason the subscriber no longer satisfies the criteria for receiving Lifeline support.
- N/A: The subscriber qualifies for Lifeline support as an eligible **resident of Tribal lands**, and the subscriber **must** live on Tribal Lands.
- ____: When the subscriber moves to a **new address** the subscriber must provide that new address to the ETC within 30 days.
- ____: When subscriber provides a **temporary residential address** to the ETC, subscriber is required to verify their temporary residential address every 90 days.
- ____: Subscriber acknowledges that a household is eligible to receive **only** one Lifeline service and, to the best of his/her knowledge, the subscriber's household is **not** already receiving a Lifeline service. A household 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.
- ____: The information contained in this subscriber's certification form is true and correct to the best of subscriber's knowledge.
- ____: Subscriber acknowledges that providing false or fraudulent information on this certification form to receive Lifeline benefits is punishable by law.
- ____: Subscriber acknowledges that he/she may be required to re-certify their eligibility for Lifeline at any time, and the subscriber's failure to re-certify as to their continued eligibility will result in de-enrollment and the termination of the subscriber's Lifeline benefits pursuant to Section 54.405(e)(4).
- ____: Lifeline is a **non-transferable benefit** and the subscriber may **not** transfer his or her benefit to any other person.
- ____: 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.
- ____: Subscriber understands lifeline benefit may not be transferred to another carrier for 90 days on voice and 12 months on broadband.

SIGNATURES

Subscriber's Signature: _____ **Date:** _____

Company's Signature: _____ **Date:** _____

Documentation Provided to Support Eligibility: _____

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