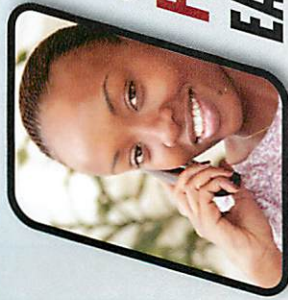


**WIRELESS SERVICE**

**KANSAS**



**"YOURTEL WIRELESS IS A GOVERNMENT  
SUPPORTED PROGRAM THAT OFFERS  
FREE WIRELESS PHONES AND FREE AIRTIME  
EACH MONTH FOR ELIGIBLE CUSTOMERS"**

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**\*  
NATIONWIDE COVERAGE  
\*  
FREE MINUTES EACH MONTH  
\*  
TEXT MESSAGING AVAILABLE  
\*  
COMPLETE FORM ON BACK TO GET YOUR FREE PHONE**



**WIRELESS REFILLS AVAILABLE**

**WIRELESS REFILLS**

<b>\$5*</b>	<b>60</b>	<b>ANYTIME / TEXT MINUTES / MESSAGING</b>	<b>\$10*</b>	<b>200</b>	<b>ANYTIME / TEXT MINUTES / MESSAGING</b>	<b>\$15*</b>	<b>300</b>	<b>ANYTIME / TEXT MINUTES / MESSAGING</b>	<b>\$20*</b>	<b>400</b>	<b>ANYTIME / TEXT MINUTES / MESSAGING</b>	<b>\$25*</b>	<b>500</b>	<b>ANYTIME / TEXT MINUTES / MESSAGING</b>	<b>\$30*</b>	<b>600</b>	<b>ANYTIME / TEXT MINUTES / MESSAGING</b>	<b>\$50*</b>	<b>1300</b>	<b>ANYTIME / TEXT MINUTES / MESSAGING</b>
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\*Wireless coverage and availability not guaranteed. Service not available in all areas. Plans may vary by state. Wireless plans subject to change without notice. Free wireless devices may require activation fee at time of receiving equipment. Deferred installation fees may apply. Includes 911 access where available but not guaranteed. Wireless refills expire in 30 days from activation. Other terms, conditions, and restrictions apply. Service provided by YourTel America, Inc. For complete wireless terms or conditions please visit [www.yourtelwireless.com](http://www.yourtelwireless.com).

**FREE WIRELESS  
PHONE\***

**\*  
FREE MINUTES  
EVERY MONTH!**

**"COMPLETE FORM ON BACK  
TO GET YOUR FREE PHONE"\***

**1.855-299-9990  
WWW.YOURTELWIRELESS.COM**





## Application for Kansas Universal Service Fund KANSAS LIFELINE/LINKUP

You may qualify for a discount on your monthly telephone bill if you or a member of your household is receiving low-income benefits under certain programs.

- ☐ Link-up Kansas is a federal assistance program to eligible residential subscribers designed to promote subscribership in the telephone network among low-income residential households and offers a 50% discount on the initial, basic, installation. It is available for a first time for the applicant's principal place of residence.
- ☐ Lifeline is available to qualifying low-income subscribers for single party residence service. There can be only one telephone access line receiving LifeLine service on the residence premises.
- ☐ Kansas Lifeline subscribers certified under a Low-Income program will receive a reduction equal to \$17.77 per month, as follows:

State Universal Service	\$7.77	Federal Tier 2	\$1.75
Federal Tier 1	\$6.50 (applied to EUCL)	Federal matching (Tier 3)	\$1.75

If you or a member of your household are receiving benefits from one or more of the programs listed below, please check all that apply, complete the remainder of the form, and return it to YourTel America along with documentation verifying participation in at least one of the programs selected. Documentation may include a benefit card or a letter to you or a member of your household from the federal, state or local agency that administers the qualifying program (fax 1-877-388-1083).

### LOW INCOME PROGRAMS

- |   |   |
|---|---|
| <input type="checkbox"/> Medicaid   | <input type="checkbox"/> Tribally Administered Temporary Assistance to Needy Families |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) (f/k/a Food Stamps) | <input type="checkbox"/> General Assistance   |
| <input type="checkbox"/> Supplemental Security Income (SSI)                                   | <input type="checkbox"/> BIA General Assistance                                       |
| <input type="checkbox"/> Temporary Assistance to Families (TANF)                              | <input type="checkbox"/> Head Start (Must meet income-qualifying standard)            |
| <input type="checkbox"/> Food Distribution Program  | <input type="checkbox"/> National School Lunch Program's Free Lunch Program           |

### INCOME BASED CERTIFICATION

You may self-certify that your income is at or below 150% of the federal poverty guidelines as shown below by signing at the bottom of this form. (attach the most recent Federal/State/Tribal tax return or 3 consecutive months pay stubs).

Number of people in household	Maximum Annual Income (2009)	Number of people in household	Maximum Annual Income (2009)
1 person	\$16,245	6 people	\$44,295
2 people	\$21,855	7 people	\$49,905
3 people	\$27,465	8 people	\$55,515
4 people	\$33,075	Each additional person	\$5,610
5 people	\$38,685		

I certify under penalty of perjury that the above is true and further asserts he/she will follow all Lifeline/Link-up rules as noted above. I also certify that my household currently receives benefits from at least one of the programs above, my telephone is listed in my name, I am not listed as a dependent on another person's tax return (unless over the age of 60) and the address listed is my primary residence. I also certify that I will only receive one Lifeline connection and will not have simultaneous Lifeline connections with another provider. If I am participating in another Lifeline program at the time I apply for YourTel America Wireless Lifeline service, I agree to cancel that Lifeline service with any other provider. I agree to notify YourTel America immediately if my household ceases to participate in the program(s) listed above or changes to an alternate program not indicated. I confirm local voice service discounts under the low income programs are limited to one per household.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Mail or Fax completed form to:** YourTel America  
Attention: Lifeline Department  
13220 N. Santa Fe Ave.  
Oklahoma City, OK 73114

**Fax 1 (877) 388-1083**

### COMPANY USE ONLY

I \_\_\_\_\_ hereby attest that the supporting program documentation was presented and verified.  
(Company Representative – Please print)

Company Representative Signature	Title
Date	ACCOUNT #
MOBILE NUMBER (if applicable)	ESN # (if applicable)

Amount collected: _____
Agent Name/Number: _____
Notes: _____
_____
_____

Please check one of the following: NEW \_\_\_\_\_ RECERT \_\_\_\_\_ ADD LIFELINE \_\_\_\_\_