



sunflower | B R O A D B A N D

**LIFELINE SERVICE  
AUTHORIZATION FORM**

This signed authorization is required in order to enroll you in Sunflower Broadband’s lifeline program. This authorization is only for the purpose of verifying your participation in these programs and will not be used for any other purpose. All information will be held in a confidential file.

1. I participate in at least one of the following programs (check all the apply). **(NOTE: You will need to enclose proof of your participation. This can be a photocopy of your card or authorization form):**

- Food Distribution program (United Tribes of Kansas and NE Nebraska, Inc.)
- Food Stamps
- Medicaid
- General Assistance
- Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TANF)

2. I also certify that:

- My telephone service is listed in my name
- I am not listed as a dependent on another person’s tax return (unless over the age 60)  
     Age
- The address listed is my primary residence, not a second home or business

3. If in the future, I no longer participate in at least one of the programs listed in item 1 above, or conditions in item 2 above change, I will promptly notify Sunflower Broadband.

4. I authorize Sunflower Broadband 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.

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

Applicant’s Name \_\_\_\_\_

Applicant’s Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number (     ) \_\_\_\_\_

Work Phone Number (     ) \_\_\_\_\_  
(Your contact number during weekdays between 8 a.m. and 5p.m.)

Social Security Number \_\_\_\_\_

\_\_\_\_\_  
Signature of benefit recipient

\_\_\_\_\_  
Date

Mail or fax form to: Sunflower Broadband  
Attn: Lifeline Coordinator  
1 Riverfront Plaza, Suite 301  
Lawrence, KS 66046  
Fax: (785)312-6997