



MISSOURI
Application for Low Income Discounts

You may qualify for a discount on your monthly telephone bill if you, or a dependent residing in your household, receive low income benefits under certain programs. The discount varies between \$3.50 & \$13.50 depending on your local voice provider and the type of the program. The programs that qualify for low income benefits are listed below.

If you, or a dependent residing in your household, receive 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 Easy Wireless with documentation verifying participation in at least one program. Documentation may include a benefit card or a letter to you or a dependent residing in your household from the federal, state, or local agency that administers the qualifying program.

LOW INCOME PROGRAMS

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| <input type="checkbox"/> MO HealthNet (f/k/a Medicaid)

<input type="checkbox"/> Food Stamps

<input type="checkbox"/> Supplemental Security Income

<input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Federal Public Housing Assistance or Section 8

<input type="checkbox"/> National School Free Lunch Program

<input type="checkbox"/> Temporary Assistance for Needy Families |
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I certify under penalty of perjury that I or a dependent residing in my household currently receives benefits from at least one of the programs listed above. I agree to notify Easy Wireless immediately if I or a dependent residing in my household ceases to participate in these programs. I direct and authorize any agency administering these qualifying programs to confirm and provide verifying documents to the Missouri Public Service Commission, or any delegate thereof, of current participation in a program. I confirm local voice services discounts under the low income programs are limited to one per household.

Name of Beneficiary (please print)	Signature of Beneficiary or Guardian/Date
Name Listed on Local Voice Service Account (please print)	Signature of Local Voice Subscriber
Address	Telephone Number
City, State, Zip	

I _____ hereby attest that the supporting program documentation was presented and verified.
Company Representative (please print)

Employee Signature	Title	Date
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