

Link-up and Lifeline Assistance Certification
(Please print)

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Phone number where you may be reached or receive messages: _____

Please answer the following questions (indicate by check mark):

1. By filling out this certification form, I (the applicant) request:

_____ Low-income telephone connection assistance (Link-Up) and/or
_____ Low-income monthly telephone bill assistance (Lifeline)

2. Have you previously received telephone connection (Link-Up) assistance at the above address?

_____ Yes
_____ No

If the answer is "yes," you are not eligible to receive telephone connection (Link-Up) assistance.

3. Are you currently participating in any of the following programs:

_____ Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance)
_____ Food Stamps
_____ Supplemental Security Income (SSI)
_____ Federal Public Housing Assistance Section 8
_____ Low-Income Home Energy Assistance Program (LIHEAP)
_____ Temporary Assistance to Needy Families Program (TANF)
_____ National School Lunch Program (NSL) Free Lunch Program; OR

_____ Is your income at or below 135 percent of the Federal Poverty Guidelines?
If yes, how many persons are in your household? _____
(Proof of income may be required)

I understand completion of this certification form does not constitute immediate acceptance into this program. I agree to notify my telecommunications provider if I cease to participate in any of the public assistance programs I checked above or if my income becomes greater than 135 percent of the Federal Poverty Guidelines.

I certify under penalty of perjury the above information is true. I have read the information on this application and understand that I must meet the above qualifications to receive assistance from these programs.

Signature: _____ Date: _____

Prompt return of this certification form to your local telephone provider is necessary to ensure proper credits to your account.

Certified low-income telephone assistance subscribers who receive an eligibility verification form from their local telephone company must return that form to their telephone company within 30 days to ensure the continuation of assistance benefits.