



LIFELINE and LINK-UP RATE ASSISTANCE CERTIFICATION

Assigned Telephone Number: _____

Assigned Customer/Member/Account Number: _____

ELIGIBILITY FOR LIFELINE AND/OR LINK-UP ASSISTANCE IN ALABAMA IS DEPENDENT UPON PARTICIPATION IN ONE OF THE FOLLOWING PROGRAMS.

1. I hereby certify that I, my dependent who lives in my household, or another resident of my household for whom I am financially responsible participate(s) in:
 Medicaid
 Food Stamps
 Supplemental Security Income (SSI)
 Section 8 Federal Public Housing Assistance (FPHA)
 Low Income Home Energy Assistance Program (LIHEAP)
 Temporary Assistance for Needy Families (TANF)

2. I also certify that:
 - (A) My phone service is listed in my name;
 - (B) I use this phone service as my primary line, and it is not a second line, or a business line;
 - (C) I understand I cannot receive Lifeline discounts on multiple FTC accounts at the same time.
 - (D) The address listed is my primary residence, and is not a second home or business; and,
 - (E) If participation in at least one of the above programs as listed in Section 1 ceases, or if any of the conditions listed in this Section 2 change, I will promptly notify the Company that I am no longer eligible to receive Lifeline Assistance.

3. I authorize the Company to access any records necessary to verify these statements and to confirm continued participation in at least one of the above programs. I authorize representatives of the above programs to discuss with and/or provide copies of such records to the Company, if requested by the Company, to verify participation in at least one of the above programs, and my eligibility for Lifeline and/or Link-up Assistance.

4. I wish to subscribe to (indicate by check mark):
Lifeline Assistance: _____ Link-Up: _____

5. I understand that, if I do not purchase toll limitation service at the time of signing up for Lifeline Assistance, the Company will require a service deposit consistent with its current practice.

6. **I certify, under penalty of perjury, that the above information is true. I have read the information on the Certification and understand that I must meet the above qualifications to receive assistance from either of these programs.**

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S SIGNATURE: _____

TELEPHONE NUMBER WHERE APPLICANT MAY BE REACHED OR RECEIVE MESSAGES: _____

Dated: _____ APPLICANT'S SOCIAL SECURITY NUMBER: _____