NORTH CAROLINA LIFELINE/LINK-UP SELF-CERTIFICATION LETTER

Billing Name	
Service Address	
City State Zip	
Telephone Company	
Telephone Number	
I hereby certify that I participate in the following p	oublic assistance program(s):
 () Medicaid () Low Income Home Energy Assistance () Federal Public Housing Or Section 8 () Supplemental Security Income (SSI) () Food & Nutrition Services (Food Stan () Temporary Aid to Needy Families or 	Assistance (FPHA)
Lifeline provides a monthly discount on your locatelephone, Link-Up provides a 50% discount, up telephone service. If you receive any one of the telephone service is in your name, then you can one Lifeline benefit is available per household. It to Lifeline recipients at no charge upon request.	to \$30, on the cost of connecting local public benefits listed above and the receive Lifeline/Link-Up benefits. Only
I certify that I am a current recipient of the above knowingly providing false information to receive Lifeline/Link-Up benefit may subject me to crimin notify my telecommunications service provider we least one of the above designated program(s). It service provider or its duly appointed representative verify these statements to confirm my continued authorize representatives of the above program(my telecommunications service provider, if requestion in the above program(s) and my elignation.	or to continue to receive the hal penalties. Further, I certify that I will when I am no longer participating in at authorize my telecommunications tive to access any records required to participation in the above program(s). I s) to discuss with/or provide copies to ested by the company to verify my
Applicant's signature	 Date