

**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 public assistance program(s):

- Medicaid
- Low Income Home Energy Assistance Program (LIHEAP)
- Federal Public Housing Or Section 8 Assistance (FPHA)
- Supplemental Security Income (SSI)
- Food & Nutrition Services (Food Stamps)
- Temporary Aid to Needy Families or *Work First*

Lifeline provides a monthly discount on your local telephone bill. If you do not have a telephone, Link-Up provides a 50% discount, up to \$30, on the cost of connecting local telephone service. If you receive any one of the public benefits listed above and the telephone service is in your name, then you can receive Lifeline/Link-Up benefits. Only one Lifeline benefit is available per household. Long distance call blocking is available to Lifeline recipients at no charge upon request.

I certify that I am a current recipient of the above program(s) and that I am aware that knowingly providing false information to receive or to continue to receive the Lifeline/Link-Up benefit may subject me to criminal penalties. Further, I certify that I will notify my telecommunications service provider when I am no longer participating in at least one of the above designated program(s). I authorize my telecommunications service provider or its duly appointed representative to access any records required to verify these statements to confirm my continued participation in the above program(s). I authorize representatives of the above program(s) to discuss with/or provide copies to my telecommunications service provider, if requested by the company to verify my participation in the above program(s) and my eligibility for Lifeline/Link-Up.

Applicant's signature

Date