



Lifeline and Link-Up Self-Certification Form

Date _____

Billing Name _____

Service Address _____

City _____ State _____ Zip Code _____

Social Security Number _____

Telephone Number () _____

I hereby certify that I participate in the following public assistance program(s):

- Medicaid
- Food Stamps
- Temporary Assistance to Needy Families (TANF)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (Section 8)
- Low-Income Home Energy Assistance (LIHEAP)
- National School Lunch (**BELLSOUTH SUBSCRIBERS ONLY**)

I certify, under penalty of perjury, that I am a current recipient of the above program(s) and will notify my local telephone company when I am no longer participating in at least one of the above-designated program(s). I authorize my local telephone company 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 programs to discuss with and/or provide copies to my local telephone company, if requested by the company, to verify my participation in the above program(s) and my eligibility for Lifeline.

Applicant's signature

Date

*If you are at or below 125% of the poverty level, but not currently receiving benefits from one of the listed programs, you may be able to qualify by contacting the Office of Public Counsel in Tallahassee on **1-800-540-7039**.

Please mail or fax this self-certification form to:

**BellSouth RSC
304 Pine Avenue-4th Fl
Albany, GA 31702
Fax: 1-888-726-3223**

**Sprint – ACS
PO Box 7086
London, KY 40742
Fax: 1-800-473-2017**

**Verizon –Support & Response Ctr
MC: FLSP2193/ P.O. Box 11328
St. Petersburg, FL 33733-9656
Fax: 1-727-896-1301**