



A FairPoint Communications Company



Lifeline and Link-Up 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)

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 _____

Please mail or fax this certification form with a copy of proof of eligibility from one of the qualifying programs to:

TDS Telecom
 P. O. Box 189
 Quincy, FL 32353-0189
 Fax (850) 875-5226

Alltel
 1720 Galleria Blvd.
 Charlotte, NC 28270
 Fax (704) 814-7020

NEFCOM
 P. O. Box 485
 Macclenny, FL 32063-0485
 Fax (904) 259-1200

GT Com
 P. O. Box 220
 Port St. Joe, FL 32457
 Fax (850) 229-1405

ITS Telecommunications Systems
 Attn: Customer Service
 P. O. Box 277
 Indiantown, FL 34956
 Fax (772) 597-4155

Smart City Telecom
 Attn: Customer Care
 P. O. Box 22555
 Lake Buena Vista, FL 32830
 Fax (407) 828-6701

Frontier Communications
 P. O. Box 1038
 Fort Dodge, IA 50501
 Fax (515) 573-1241