

CITIZENS TELEPHONE COMPANY
SELF-CERTIFICATION FOR FEDERAL LINK-UP AND LIFELINE ASSISTANCE
(Please Print)

Name _____
(Last) (First) (Middle) (Social Security No.)

Address _____
(Street) (City) (State) (Zip)

Phone number where you may be reached or receive messages _____

Please answer the following questions (indicate by a check mark):

1 By filling out this application I (the above noted applicant) request:

a) New Service:

_____ Low-income telephone Link-up connection assistance and/or
_____ Low-income telephone Lifeline assistance

b) Existing Service:

_____ Low-income telephone Lifeline assistance

Phone number _____

Billing number _____

2 Have you received Link-up assistance at the above address in the past?

Yes _____ No _____

If the answer is "yes" you are not eligible for Link-up assistance.

3 Do you, or a dependant of your household, receive benefits from one or more of the following programs:

_____ Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance)
_____ Food Stamps
_____ Supplemental Security Income (SSI)
_____ Federal Public Housing Assistance
_____ Low-Income Home Energy Assistance Program (LIHEAP)
_____ Temporary Assistance to Needy Families (TANF)
_____ National Free Lunch Program

I understand completion of the application does not constitute immediate acceptance into this program. I agree to notify the telecommunications carrier if I cease to participate in any of the public assistance programs I checked above.

I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet the above qualification to receive assistance from these programs.

SIGNATURE _____

DATE _____