

**North Carolina Lifeline/Link-Up
Self-Certification Letter**

Billing Name _____

Social Security Number _____ - _____ - _____

Service Address _____

City/State/Zip _____ NC _____

Telephone Number (336) _____ - _____

Case Worker's Name _____

Case 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, under penalty of perjury, that I am a current recipient of the above program(s) and will notify my telecommunication service provider when I am no longer participating in at least one of the above-designated program(s). I authorize my telecommunications provider or its duly appointed representative(s) 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 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