

**If applicable, you may complete and return this form to Illinois Telephone Corporation to receive a connection fee and monthly rate discount under the federal Lifeline/Linkup telephone assistance program.**

**CERTIFICATION OF LOW INCOME OR RECEIVING FEDERAL ASSISTANCE**

I hear by certify, under penalty of perjury, that:

I am currently participating in at least one of the following federal assistance programs: Medicaid; Food Stamps; Supplemental Security Income; Federal Public Housing Assistance (Section 8); Low-Income Home Energy Assistance Program; National School Lunch Program's free lunch program; or Temporary Assistance for Needy Families.

**and**

That I will notify Illinois Telephone Corporation if I cease to participate in the program.

I am eligible under: \_\_\_\_\_

My identification number is: \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number (if available) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_