

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 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 _____