

**NORTH CENTRAL TELEPHONE COOPERATIVE, INC.**  
LIFELINE/LINKUP  
AUTHORIZATION AND SELF CERTIFICATION FORM

You are required to complete and sign this certification form in order to enroll or remain enrolled in the North Central Telephone Cooperative, Inc. Lifeline and/or Link Up programs as approved by the Federal Communications Commission (FCC). This authorization is only for the purpose of verifying your participation in these programs and will not be used for any other purpose.

**NOTICE: FAILURE TO RESPOND TO THIS NOTICE WITHIN 60 DAYS  
CAN RESULT IN TERMINATION OF LIFELINE BENEFITS**

1. I hereby certify that I participate in at least one of the following programs (**CHECK ALL THAT APPLY**):

- Supplemental Security Income (SSI)
- Food Stamps (*Copy of most recent award letter or Food Stamp Card and receipt for a recent purchase required*)
- Medicaid
- Federal Public Housing/Section 8
- Low Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families program (TANF)
- National School Lunch free program (NSL)

(For Tennessee customers only)

My Household Income is at or below 125% of the FPG **and I have provided proof of income**  
Annual Household Income: \_\_\_\_\_  
Number living in Household: \_\_\_\_\_

2. If in the future, I no longer participate in at least one of the programs listed in item 1 above, I will promptly notify North Central Telephone Cooperative, Inc.

3. I also certify that:

- a. The telephone service which I am requesting receipt of Lifeline and/or LinkUp programs for is listed in my name.
- b. I am not listed as a dependent on another person's tax return.
- c. The below service address is my primary residence, not a second home or business.

4. I authorize North Central Telephone Cooperative, Inc. or its duly appointed representative to access any records required to verify these statements in order to confirm my continued participation in the above program. I authorize representatives of the above programs to discuss with and/or provide copies to North Central Telephone Cooperative, Inc. if requested by the company, to verify my participation in the above program and my eligibility for Lifeline or Link Up benefits.

5. I affirm, under penalty of perjury, that the foregoing representations are true.

Applicant's Name \_\_\_\_\_

Applicant's Service Address \_\_\_\_\_

Applicant's Billing Address \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_

Work Phone Number ( ) \_\_\_\_\_

(Your contact number during weekdays between 8 a.m. and 4:30 p.m.)

Social Security Number \_\_\_\_\_

\_\_\_\_\_  
Signature of benefit recipient

\_\_\_\_\_  
Date

Should you have questions regarding this form please call North Central Telephone Cooperative at **615-666-2151**, Monday through Friday between the hours of 8:00-4:30.