

Lifeline and Link up Self Certification Form

Date: _____

Billing Name: _____

Service Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Telephone Number (_____) _____

I hereby certify that I participate in the following public assistance program(s):

- Medicaid, as provided under TennCare
- Food Stamps
- Temporary Assistance to Needy Families (TANF)
- Supplemental Security Income (SSI)
- National School Lunch Program (NSL)
- Low Income Home Energy Assistance (LIHEAP)
- Federal Public Housing/Section 8

I certify, under penalty of perjury, that I am a current recipient of the above program(s) and will notify Aeneas when I am no longer participating in at least one of the above designated program(s). I authorize Aeneas or its duly appointed representative 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 programs to discuss with and/or provide copies to Aeneas, if requested by the company, to verify my participation in the above program(s) and my eligibility for Lifeline.

Applicant's signature

Date

*If you are at or below 135% of the poverty level, but not currently receiving benefits from one of the listed programs, you may be able to qualify by contacting the Tennessee Regulatory Authority at **1-800-342-8359**.

Please mail this self certification form to:
Aeneas Communications, LLC
P O Box 277
Jackson, TN 38302