

WILKES TELEPHONE & ELECTRIC COMPANY *Link-Up & Lifeline Programs* *Subscriber Information*

Name: _____
(Last) (First) (Middle)

Address: _____
(Street and house/apartment number) (City) (State) (Zip)

Phone number where you can be reached or receive messages:

- **I understand that submission of this completed Application does not guarantee acceptance into either the Link-Up or Lifeline programs.**

I certify, under penalty of perjury, that:

- **I currently receive benefits from, and agree to notify Wilkes Telephone & Electric Company if I cease to receive benefits from, one or more of the following programs: Medicaid, Food Stamps, Supplemental Security Income (SSI), Federal Public Housing Assistance (Section 8), Low-Income Home Energy Assistance Program (LIHEAP), Sr. Citizen Low Income Program offered by gas or power company, Temporary Assistance to Needy Families (TANF)**

(Signature) (Date)

FORM BENEATH THIS LINE FOR TELEPHONE COMPANY USE ONLY

I hereby certify under penalty of perjury that Wilkes Telephone & Electric Company has procedures in place to review income documentation and that to the best of my knowledge the carrier was presented with documentation of the Applicant's household income.

(Print Name) (Title)

(Signature) (Date)