CITIZENS TELEPHONE COMPANY
LINK-UP AND LIFELINE RATE ASSISTANCE APPLICATION
(Please Print)

Name:_____ _____
(Last) (First) (Middle) (Social Security No.)

Address:_____
(Street) (City) (State) (Zip)

Phone number where you may be reached or receive messages _____

Please answer the following questions (indicate by a check mark):

1. By filling out this application I (the above noted applicant) request:
   a) New Service
      _____ Low-income telephone Link-up connection assistance and/or
      _____ Low-income telephone Lifeline assistance
   b) Existing Service
      _____ Low-income telephone Lifeline assistance
      Phone Number_____
      Billing Number:_____

2. Have you received Link-up assistance at the above address in the past?
   *Yes*_____ *No* _____
   If the answer is "yes" you are not eligible to Link-up assistance

3. Are you participating in any of the following programs:
   _____ Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance)
   _____ Food Stamps
   _____ Supplemental Security Income
   _____ Federal Public Housing Assistance
   _____ Low-Income Home Energy Assistance

I understand completion of the application does not constitute immediate acceptance into this program. I agree to notify the telecommunications carrier if I cease to participate in any of the public assistance programs I checked above

I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet the above qualification to receive assistance from these programs

SIGNATURE_____ DATE_____