



*Fast Phones, Inc.™*

**Lifeline and Link-Up Application / Self-Certification Form**

(Please Print)

Date: \_\_\_\_\_

Name of Public Assistance Recipient: \_\_\_\_\_

Service Address (must be your principal residence): \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (        ) \_\_\_\_\_

I hereby certify that I participate in or receive benefits from one or more of the following public assistance program(s)

- Medicaid
- Food Stamps
- Temporary Assistance to Needy Families (TANF)
- Supplemental Security Income (SSI)
- 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 Fast Phones when I am no longer participating in at least one of the above-designated programs.

I understand that Lifeline support is only available for a single telephone line at my principal residence.

I have not received Link-Up assistance previously at this residence.

I understand service will be provided subject to the terms and conditions of service.

I authorize Fast Phones or it's 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 Fast Phones, if requested by the company, to verify my participation in the above program(s) and my eligibility for Lifeline.

I will notify Fast Phones within Five (5) calendar days if I no longer participate in the program(s) identified above.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**Fast Phones, Inc.**  
**PO Box 20877**  
**Montgomery, AL 36120-0877**  
**Customer Service 1-800-583-3481**

**Fax: 1-877-707-9491**

**Email: [lifeline@fastphones.net](mailto:lifeline@fastphones.net)**