



Minnesota Telephone Service Discount Application

Name _____ Telephone _____

Address _____ Apt./Unit# _____

City _____ State _____ Zip _____

Contact # _____

I live on federally-recognized Tribal lands (check if applicable). _____ Number of people living in your household

PLEASE COMPLETE EITHER PART ONE OR PART TWO AND SIGN THIS FORM.

PART ONE: I participate in the following program(s): (Check all that apply and attach a copy or copies of documents(s) listed under acceptable proof).

Eligible Programs:

Acceptable Proof:

- Medicaid (not Medicare)..... Copy of Medicaid Card or Statement
- Food Stamps Copy of Food Stamp Card or Statement
- Minnesota Family Investment Program (MFIP)/Temporary Assistance for Copy of Benefit Statement
for Needy Families (TANF)
- Supplemental Security Income (SSI) Copy of SSI Check or Statement of Benefits. Copy of Bank statements
are unacceptable. (SSI is not social security retirement benefits.)
- Federal Public Housing Assistance (Section 8)..... Copy of Lease
- Low-Income Home Energy Assistance Program (LIHEAP)..... Copy of Qualified Agency Approval
- National School Lunch Program's Free Lunch Program (must qualify for Copy of Benefit Letter
free lunch)
- Bureau of Indian Affairs General Assistance (Tribal Only) Copy of Benefit Letter Statement
- Head Start (must satisfy income requirements) (Tribal Only)..... Copy of Agency Approval
- Tribally Administered Temporary Assistance for Needy Families (Tribal Only)..... Copy of Benefit Letter

PART TWO: My total household income is at or below 135% of the Federal Poverty Guidelines - see table on back: (Please attach copies of one or more of the documents listed below).

- Last year's state, federal, or tribal tax return
- Current annual income statement from employer
- Three consecutive months of recent paycheck stubs
- Social Security Benefits Statement
- Veterans Administration Benefit Statements
- Retirement/Pension Benefits Statements
- Unemployment/Workmen's Compensation Statements
- Divorce Decree
- Child Support Documentation
- Other _____

If you provide documentation that does not cover a full calendar year, such as paycheck stubs, you must submit copies of at least three consecutive months of the same type of document within that calendar year.

I agree to notify my provider when I no longer participate in any of the above qualifying programs or my income rises above Lifeline Program Limits (135% of the Federal Poverty Guidelines). I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must participate in one of the above programs or otherwise qualify under the applicable income standards to receive telephone service discounts on my home telephone line. I further certify that I am not currently receiving lifeline discounted telephone services and will promptly notify you if this changes.

Signature of Applicant or Authorized Representative

Date

I am an "Authorized Representative" for this applicant and am submitting this form on behalf of this customer. I am willing to assist this applicant in seeking telephone service discounts.

Print "Authorized Representative" Name

Day Phone Number

Date

RETURN COMPLETED APPLICATION AND PROOF DOCUMENTS TO: Polar Communications, PO Box 270, Park River, ND 58270;

Fax: 701.284.6850; Email: service@polarcomm.com; Questions?: 1.800.284.7222

FOR OFFICE USE ONLY:

Documentation used to verify eligibility: _____

Approved by: _____ Date: _____

**2011 Lifeline Total Household Income Limits
(135% of the Federal Poverty Guidelines)**

Including yourself, your household has:	Total household income is at or below:
1 person	\$14,702
2 people	\$19,859
3 people	\$25,016
4 people	\$30,173
5 people	\$35,330
6 people	\$40,487
7 people	\$45,644
8 people	\$50,801
For each additional person, add	\$5,157