



North Dakota Telephone Service Discount Application

Name _____ Telephone _____

Address _____ Apt./Unit# _____

City _____ State _____ Zip _____

Contact # _____

I am applying for: Lifeline (monthly service discount) _____ Number of people living in your household
 Linkup (connection charge discount)

I am currently participating in the following program(s): (Check all that apply)

- Medicaid/Medical Assistance
- Food Support (food stamps)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (Section 8)
- National School Lunch Program's Free Lunch Program

I do not participate in any programs listed above and 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 or federal tax return
- Three consecutive months of recent paycheck stubs
- Veterans Administration Benefit Statements
- Unemployment/Workmen's Compensation Statement
- Child Support Documentation
- Current annual income statement from employer
- Social Security Benefits Statement
- Retirement/Pension Benefits Statements
- Divorce Decree
- 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 the telephone company when I no longer participate in any of the above qualifying programs.

I CERTIFY UNDER PENALTY OR PERJURY THAT THE ABOVE INFORMATION IS TRUE. I have read the information on this application and understand I must participate in one of the above programs to receive Lifeline/Linkup assistance on my primary residential line. I further certify that I am not currently receiving lifeline discounted telephone services and will promptly notify you if this changes. I further authorize the local phone company, the county social service, and the North Dakota Department of Human Services to use my social security number and to communicate about my enrollment or eligibility in programs shown above and agrees that they may share the type of information provided above in order to verify my enrollment.

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