



# Minnesota Telephone Service Discount Application

(Please Print)

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Address) (City) MN \_\_\_\_\_  
(State) (Zip)

Telephone Number (if existing service) (\_\_\_\_\_) - \_\_\_\_\_  
(MUST be in your name) Area Code + seven digit number

Telephone Number where you can be reached: (\_\_\_\_\_) - \_\_\_\_\_  
Area Code + seven digit number

No. of people living in your household \_\_\_\_\_

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

- Medicaid/Medical Assistance
- Food Support (food stamps)
- Fed. Public Housing Assistance (Section 8)
- Temporary Assistance for Needy Families (Minnesota Family Investment Program MFIP)
- Supplemental Security Income (SSI)
- Low-Income Home Energy Assistance Program (LIHEAP)
- National School Free Lunch Program

**2. I do not participate in any programs listed in #1 and my income is at or below 135% of Federal Poverty Guideline (see back).** *Please attach one of the documents below.*

- Last year's State or Federal Tax Return
- Current annual income statement from employer
- 3 consecutive months of most recent paycheck stub
- Social Security Benefits Statement
- Veterans Administration Benefits Statement
- Retirement/Pension Benefit Statement
- Unemployment/Workmen's Compensation Statement
- Divorce Decree
- Child Support Document
- Other

**I agree to notify the telephone company when I no longer participate in any of the above qualifying programs. 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 to receive telephone service discounts on my primary residential line.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
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

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Date

**FOR POLAR USE ONLY**

Documentation used to verify eligibility: \_\_\_\_\_

Approved By: \_\_\_\_\_

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

**Mail To: POLAR COMMUNICATIONS  
P.O. Box 270  
Park River, ND 58270-0270**

**2009 Estimated Income Requirements  
for a Household at or Below 133% of the Federal Poverty Guidelines**

<b>Persons in Family Unit</b>	<b>Annual Income</b>
1	\$14,404
2	19,378
3	24,352
4	29,327
5	34,301
6	39,275
7	44,249
8	49,223