ND Telephone Service Discount Application

(Please Print)

Name: _____ _____ _____
(Last) (First) (Middle)

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

Telephone # if you have service (MUST be in your name)
(_____) - _____
Area Code + seven digit number

Tel. # where you can be reached:
(_____) - _____
Area Code + seven digit number

I am applying for: ☐ **Lifeline (monthly service discount)** No. of people living in household _____
☐ **Link Up (connection charge discount)**

1. I am currently participating in the following programs(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)
- ☐ Fed. Public Housing Assistance (Sect. 8)
- ☐ National School Free Lunch Program (NSL)

(*Please attach documents for the above)*

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

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

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 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 shows above and agrees that they may share the type of information provided above in order to verify my enrollment.

_____ _____ _____
Applicant's 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

Complete Application ☛ Attach Documents

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

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