

Telephone Service Discounts for Low-Income Users

As a Minnesota consumer, you may qualify for a program that provides assistance with paying your telephone bill. These federal- and state-funded programs were designed to promote universal service by providing low-income individuals with monthly telephone service discounts. If you participate in any of the programs noted below, you are eligible to receive a monthly discount of up to \$10.88.

IF YOU ARE ELIGIBLE FOR THIS DISCOUNT, PLEASE COMPLETE AND RETURN THIS APPLICATION.

Minnesota Telephone Service Discount Application

Please print

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

Address: _____ MN _____
(Street) (City) (State) (Zip)

Tel.# if you have service (MUST be in your name):

Tel. # where you can be reached:

(_____) - _____
(Area Code) (Seven-digit Number)

(_____) - _____
(Area Code) (Seven-digit Number)

Telephone Company: _____

Number of people living in your household: _____

1. I receive benefits from the following program(s): *(Check all that apply and attach proof.)*

- | | |
|---|--|
| <input type="checkbox"/> Medicaid/Medical Assistance | <input type="checkbox"/> Food Support (food stamps) |
| <input type="checkbox"/> Federal Public Housing or Section 8 Assistance | <input type="checkbox"/> Minnesota Family Investment Program (MFIP) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> National School Free Lunch Program | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| <input type="checkbox"/> Tribal Administered Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Tribally Administered Head Start (for those meeting income qualifying standard) |

2. I do not receive benefits from any of the programs listed in #1, and my income is at or below 135% of the Federal Poverty Guideline. *(Please attach one of the documents below if you do not check any boxes in #1:)*

- | | |
|---|--|
| <input type="checkbox"/> Last year's state, federal, or tribal tax return | <input type="checkbox"/> Current annual income statement from employer |
| <input type="checkbox"/> Three consecutive months of most-recent paycheck stubs | <input type="checkbox"/> Social Security Benefits Statement |
| <input type="checkbox"/> Veteran's Administration Benefits Statement | <input type="checkbox"/> Retirement/Pension Benefits Statement |
| <input type="checkbox"/> Unemployment/Workers' Compensation Statement | <input type="checkbox"/> Divorce Decree |
| <input type="checkbox"/> Child Support Document | <input type="checkbox"/> Other |

I agree to notify the telephone company when I no longer participate in any of the above-qualifying programs or my income rises above 135% of the Federal Poverty Guideline. I certify under penalty of perjury the above information is true. I have read the information on this application, and I 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)



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