

# Polar Communications Lifeline Form

Please complete Sections 1, 2 and 3 below. *You must provide proof of your eligibility along with this application.*

Initial Lifeline Application (must include proof of eligibility)      Annual Lifeline Recertification

## SECTION 1 - Applicant Information (*Applicant is the person who has telephone and/or broadband service with the company.*)

Choose **ONE** service to apply the Lifeline discount: (check with provider for availability)

Telephone                                      Broadband Internet                                      Service Bundle (Phone and Internet)

If you have Lifeline (free/reduced phone service; broadband internet service or a bundled package with phone and broadband internet service) with another company, do you give Polar Communications permission to transfer the Lifeline service? If you answer yes, *you will lose the discount with the other company. If you answer no, you may not receive Lifeline on this account.\**

Yes, transfer my Lifeline service                      No, do not transfer my Lifeline Service                      I do not currently have Lifeline

First Name\*                                      Middle Name/Initial                                      Last Name\*

Date of Birth\*                      Last 4-Digits of SSN\*                      Phone Number                      Email Address

Residential Street Address (*No PO Boxes*)\*                      Unit #                      City\*                      State\*                      Zip Code\*

Is your residential address permanent?\*      Yes                      No                      Is this address occupied by multiple households?      Yes                      No  
*(if yes, complete Lifeline Household Worksheet on Page 3)*

Billing Address (*if different*)                      Unit #                      City                      State                      Zip Code

## Eligible Person's Information. Only complete this part if the person who qualifies for Lifeline is not the Applicant.

First Name                      Last Name                      Date of Birth                      Last 4-Digits of SSN                      Relationship to Applicant

## SECTION 2 - Eligibility Information

I certify that I, my dependent, or my household receives assistance from at least one of the programs listed below, or that my total household income is at or below 135% of the Federal Poverty Guidelines, and that I have provided proof of eligibility.\*

### 2018 135% of the Federal Poverty Guidelines (annual household income before tax)

1 person up to \$16,389; 2 people up to \$22,221; 3 people up to \$28,053; 4 people up to \$33,885; 5 people up to \$39,717; 6 people up to \$45,549; 7 people up to \$51,381; 8 people up to \$57,213. More than 8 people - add \$5,832 for each extra person.

Select only one

Federal Public Housing Assistance (FPHA)                                      Supplemental Security Income (SSI)  
Medicaid                                      Veterans Pension or Survivors Pension  
Supplemental Nutrition Assistance Program (SNAP)                                      Total Household Income at or below 135% of the Federal Poverty Guidelines

If you checked **Total Household Income** above, provide the number of people in your household.

**SECTION 3 - Certification**

By initialing each line and signing below, I certify, under penalty of perjury, that the information contained within this certification form is true and correct to the best of my knowledge AND that:

\_\_\_\_\_ I **certify** that I meet the income-based or program-based eligibility criteria for receiving Lifeline.

\_\_\_\_\_ I **certify** that I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline (for example, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, or if I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit).

\_\_\_\_\_ I **certify** that if I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, that I live on Tribal lands, as defined by federal law.

\_\_\_\_\_ I **certify** that if I move to a new address, I will provide that new address to the eligible telecommunications carrier within 30 days.

\_\_\_\_\_ I understand that my household will receive only one Lifeline service and, to the best of my knowledge, I **certify** that my household is not already receiving a Lifeline service.

\_\_\_\_\_ I **certify** that the information contained in this certification form is true and correct to the best of my knowledge,

\_\_\_\_\_ I **acknowledge** that providing false or fraudulent information to receive Lifeline benefits is punishable by law;

\_\_\_\_\_ I **acknowledge** that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

**Signature\***

**Date\***

Lifeline is a federal benefit that makes monthly telephone or broadband internet service more affordable for eligible households. Eligible households may apply the monthly Lifeline discount to either broadband internet service (home or wireless) or phone service (home or wireless) but not both. Your household may not receive the Lifeline benefit from more than one company. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income and expenses. You may not transfer your Lifeline discount to another person, even if he or she is eligible. You may lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive Lifeline.

**For Office Use Only:** Type of Documentation \_\_\_\_\_ Date Reviewed \_\_\_\_\_ Reviewed by \_\_\_\_\_ Lifeline Household Worksheet? Yes No Date NLAD Queried \_\_\_\_\_

**Send the completed form and proof of eligibility to:**

**MAIL: Polar Communications 110 4th Street East, P.O. Box 270, Park River, ND 58270 EMAIL: jtibert@polartel.com FAX: 701.284.7205**