

Minnesota Telephone Service Discount Application

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME _____
(Please Print)

STREET ADDRESS: _____

CITY _____ STATE: MN Zip _____

PHONE NUMBER (service must be in your name)
(____) - _____
area code + seven digit number

PHONE NUMBER (where you can be reached)
(____) - _____
area code + seven digit number

NAME OF YOUR LOCAL PHONE COMPANY: **RUNESTONE TELECOM ASSOCIATION**

NUMBER OF PEOPLE LIVING IN YOUR HOUSEHOLD _____

1. I am currently participating in the following program(s): Check all that apply. Please provide proof of eligibility along with this application.

| | |
|--|---|
| _____ Medicaid/Medical Assistance | _____ Food Support (food stamps) |
| _____ Fed. Public Housing Assistance (Section 8) | _____ Minnesota Family Investment Program (MFIP) |
| _____ Supplemental Security Income (SSI) | _____ Low-Income Home Energy Assistance Prog (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 the Federal Poverty Guidelines. Please attach one of the documents below.

| | |
|---|---|
| _____ Last year's State, Federal or Tribal 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

Complete and return information to:

Runestone Telecom Association
PO Box 336
Hoffman MN 56339-0336

2011 Estimated Income Requirements
For a Household at or Below 135% of the Federal Poverty Guidelines

| <u>Person in Family Unit</u> | <u>Annual Income</u> |
|--------------------------------|----------------------|
| 1..... | \$14,702 |
| 2..... | 19,859 |
| 3..... | 25,016 |
| 4..... | 30,173 |
| 5..... | 35,330 |
| 6..... | 40,487 |
| 7..... | 45,644 |
| 8..... | 50,801 |
| For each additional person add | 5,157 |