

# Affordable Connectivity Program Application Form



## About the ACP

The ACP is a Federal Communications Commission (FCC) program that provides a broadband and/or one-time connected device benefit for qualifying low-income consumers.

## Rules

If you qualify, your household can receive a monthly Affordable Connectivity Program (ACP) benefit of up to \$30 to cover the cost of your internet service (up to \$75 on qualifying Tribal lands). Through the program, your service provider may also offer a one-time internet connected device benefit of up to \$100 for a computer, tablet, or laptop with a co-payment of more than \$10 but less than \$50.

Your household cannot get the ACP benefit from more than one service provider. You are only allowed to get one ACP benefit per household, **not per person**. If more than one person in your household participates in the ACP, you are breaking the FCC's rules and will lose your benefit.

The Affordable Connectivity Program is separate from the FCC's Lifeline Program. If your household qualifies for both programs, you can apply for and receive both benefits.

Note: Broadband service providers must also meet certain criteria to participate in the ACP. Check with your service provider to determine if it participates.

## What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

## Do not give your benefit to another person

The ACP benefit is non-transferable. You cannot give your benefit to another person, even if they qualify for the ACP.

## Be honest on this form

You must give accurate and true information on this form and on all ACP related forms or questionnaires. If you give false or fraudulent information, you will lose your benefit (i.e., de-enrollment or being barred from the program) and the United States government can take legal action against you. This may include (but is not limited to) fines or imprisonment.

## You may need to show other documents

If the ACP Administrator is not able to validate that you or someone in your household qualify by checking available electronic resources (including eligibility databases for the FCC's government agency partners), you may need to provide additional documents. For example, you may need to provide an official document that proves your participation in a qualifying government assistance program, your income, or your identity.

### Apply

To apply for the ACP, fill out the required sections of this form, initial every agreement statement, and sign on page 7. You can also apply online at [ACPbenefit.org](https://www.ACPbenefit.org) for faster processing.

### Mail the form to this address:

**USAC  
Affordable Connectivity Support Center  
P.O. Box 7081  
London, KY 40742**

## Your Information

All fields are required unless indicated. Use only CAPITALIZED LETTERS and black ink to fill out this form.

**1. What is your full legal name?**

The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

[illegible]

First

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14						
---	---	---	---	---	---	---	---	---	---	----	----	----	----	----	--	--	--	--	--	--

### Middle (Optional)

Suffix (optional)

[illegible]

Last

**2. What is your phone number** (if you have one)?

--	--	--	--	--	--	--	--	--	--

**3. What is your date of birth?**

--	--	--	--

Month

Day

Year

**4. What is your email address?** (Recommended)

[illegible]

**5. Identity Verification.** Please select one of the following:

- ☐ a. If you would like to verify your identity using your Social Security number, please enter the last four digits of your Social Security number (SSN4)\*

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**\*Social Security numbers are not required to participate in the Affordable Connectivity Program, but using a Social Security number will process your application the fastest.**

- ☐ b. If you have and would like to use a Tribal Identification Number to verify your identity, please enter it below.

[illegible]

- ☐ c. Driver's License, Military ID, Passport, Taxpayer Identification Number (ITIN), or other Government ID. Please select the type of identification you would like to use to verify your identity.

## Driver's License

1

### Military ID

11

## Passport

11

Taxpayer Identification Number

11

Other Government ID

11

**Please include a scanned copy or photo of your form of identification with your application.**



## Your Information (continued)

A map of qualifying Tribal lands is available on USAC's website: [https://www.usac.org/wp-content/uploads/lifeline/documents/tribal/fcc\\_tribal\\_lands\\_map.pdf](https://www.usac.org/wp-content/uploads/lifeline/documents/tribal/fcc_tribal_lands_map.pdf).

**6. What is your home address?** (The address where you will get service. Do not use a P.O. Box.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street Number and Name

--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Apt., Unit, etc.

City

--	--

--	--	--	--	--	--

State

Zip Code

**7. Is this a temporary address?** ☐ Yes ☐ No      **8. Check if you live on Tribal lands\*** ☐

**9. What is your mailing address?** (Only fill this out if it is not the same as your home address.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street Number and Name

--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Apt., Unit, etc.

City

--	--

--	--	--	--	--	--

State

Zip Code

## Your Information (continued)

Only fill this section out if you are applying through a child or dependent.

☐ **10. Check if you are qualifying through a child or dependent in your household. If so, answer the following questions:**

**11. What is their full legal name?**

--	--	--	--

First

--	--

Middle (optional) Suffix (optional)

--

Last

**12. What is their date of birth?**

--	--	--	--	--	--

Month Day Year

**13. Identity Verification. Please select one of the following:**

☐ a. If you would like to verify their identity using their Social Security number, please enter the last four digits of their Social Security number (SSN4)\*

--	--	--	--

**\*Social Security numbers are not required to participate in the Affordable Connectivity Program, but using a Social Security number will process your application the fastest.**

☐ b. If you have and would like to use a Tribal Identification Number to verify their identity, please enter it below.

--	--	--	--

☐ c. Driver's License, Military ID, Passport, Taxpayer Identification Number (ITIN), or other Government ID. Please select the type of identification you would like to use to verify their identity.

Driver's License	<input type="checkbox"/>	
Military ID	<input type="checkbox"/>	
Passport	<input type="checkbox"/>	
Taxpayer Identification Number	<input type="checkbox"/>	
Other Government ID	<input type="checkbox"/>	

**Please include a scanned copy or photo of their form of identification with your application.**

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## Qualify for the ACP

Fill out this section to show that you, your dependent, or someone in your household qualifies for the ACP.

You can qualify through certain government assistance programs or through your income (you do not need to qualify through both).

When you mail this form, **please include documents that show you participate in one of the programs you selected or that you qualify through your income.** A list of acceptable documents is available at [ACPbenefit.org](https://www.ACPbenefit.org).

### Qualify through a government program:

#### 14. Check all programs that you or someone in your household have:

- ☐ Supplemental Nutrition Assistance Program (SNAP, also called Food Stamps)
- ☐ Supplemental Security Income (SSI)
- ☐ Medicaid
- ☐ Federal Public Housing Assistance (FPHA)
- ☐ Veterans Pension or Survivors Benefit Programs
- ☐ Federal Pell Grant for the current award year
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ☐ Free and Reduced Price School Lunch or Breakfast Program, or enrollment in a Community Eligibility Provision School for the 2019-20, 2020-21, or 2021-22 school year. If you choose this program, please enter your school name, school district and state.

School Name

School District

State

#### Tribal Specific Programs

- ☐ Bureau of Indian Affairs (BIA) General Assistance
- ☐ Tribal Temporary Assistance for Needy Families (Tribal TANF)
- ☐ Food Distribution Program on Indian Reservations (FDPIR)
- ☐ Tribal Head Start (only households that meet the income qualifying standard)

Or

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## Qualify for the ACP (continued)

### Qualify through your income:

**15. Including you, how many people live in your household?** (check one)

<input type="checkbox"/> 1	
<input type="checkbox"/> 2	
<input type="checkbox"/> 3	
<input type="checkbox"/> 4	
<input type="checkbox"/> 5	
<input type="checkbox"/> 6	
<input type="checkbox"/> 7	
<input type="checkbox"/> 8	
<input type="checkbox"/> If more than 8, add this amount for each extra person:	

**16. Is your income the same or less than the amount listed for your state and household size?**

(only check yes or no next to your household size)

All 48 States, DC,  
and Territories

Alaska

Hawaii

	All 48 States, DC, and Territories	Alaska	Hawaii		Yes	No
<input type="checkbox"/> 1	\$25,760	\$32,180	\$29,640	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2	\$34,840	\$43,540	\$40,080	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3	\$43,920	\$54,900	\$50,520	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4	\$53,000	\$66,260	\$60,960	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5	\$62,080	\$77,620	\$71,400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 6	\$71,160	\$88,980	\$81,840	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7	\$80,240	\$100,340	\$92,280	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 8	\$89,320	\$111,700	\$102,720	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> If more than 8, add this amount for each extra person:	Add \$9,080	Add \$11,360	Add \$10,440	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**200% of the 2021 Federal Poverty Guidelines**

\*The Federal Poverty Guidelines are typically updated at the end of January.

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Administrative Co.

## Agreement

I agree, under penalty of perjury, to the following statements:

*You must initial next to each statement. If you fail to initial each statement, your application will be considered incomplete.*

Initial

17. I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 200% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).

Initial

18. I agree that if I move I will give my service provider my new address within 30 days.

Initial

19. I understand that I have to tell my service provider within 30 days if I do not qualify for the ACP anymore, including:

- 1.) I, or the person in my household that qualifies, do not qualify through a government program or income anymore.
- 2.) Either I or someone in my household gets more than one ACP benefit.

Initial

20. I know that my household can only get one ACP benefit and, to the best of my knowledge, my household is not getting more than one ACP benefit. I understand that I can only receive one connected device (desktop, laptop, or tablet) through the ACP, even if I switch ACP providers.

Initial

21. I agree that all of the information I provide on this form may be collected, used, shared, and retained for the purposes of applying for and/or receiving the ACP benefit. I understand that if this information is not provided to the Program Administrator, I will not be able to get ACP benefits. If the laws of my state or Tribal government require it, I agree that the state or Tribal government may share information about my benefits for a qualifying program with the ACP Administrator. The information shared by the state or Tribal government will be used only to help find out if I can get an ACP benefit.

Initial

22. For my household, I affirm and understand that the ACP is a federal government subsidy that reduces my broadband internet access service bill and at the conclusion of the program, my household will be subject to the provider's undiscounted general rates, terms, and conditions if my household continues to subscribe to the service.

Initial

23. All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.

Initial

24. I know that willingly giving false or fraudulent information to get ACP benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

Initial

25. I was truthful about whether or not I am a resident of Tribal lands, as defined in the "Your Information" section of this form.

26. Signature

27. Today's Date



## Representative Information

*Answer only if a Service Provider Representative submits this form.*

**28. What is your Representative ID?**

[illegible]

## Privacy Act Statement

**This Privacy Act Statement explains how we are going to use the personal information you are entering into this form.**

The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

**Authority:** 47 U.S.C. §254; Consolidated Appropriations Act, 2021, Public Law 116–260, div. N, tit. IX, § 904, as modified by the Infrastructure Investment and Jobs Act, Public Law 117–58, div. F, tit. V, secs. 60501, 60502(a)-(b); 47 CFR Part 54, Subparts E and P.

**Purpose:** We are collecting this personal information so we can verify your identity and that you qualify for the Lifeline program or similar programs that use income or consumer participation in certain government benefit programs as eligibility criteria, such as the Affordable Connectivity Program. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, and the Affordable Connectivity Program SORN, formerly known as the Emergency Broadband Benefit Program SORN, FCC/WCB-3, both available at <https://www.fcc.gov/managing-director/privacy-transparency/privacy-act-information#systems/>.

**Routine Uses:** We may share the personal information you enter into this form with other parties for specific purposes, such as:

- With contractors that help us operate the Lifeline program and similar programs that use income or consumer participation in certain government benefit programs as eligibility criteria, such as the Affordable Connectivity Program;
- With other federal and state government agencies and Tribal agencies that help us determine your Lifeline eligibility and eligibility for similar programs that use income or consumer participation in certain government benefit programs as eligibility criteria, such as the Affordable Connectivity Program;
- With the telecommunications companies and broadband providers that provide you Lifeline service and service under a similar program that uses income or consumer participation in certain federal benefit programs as eligibility criteria, such as the Affordable Connectivity Program;
- With other federal agencies or to other administrative or adjudicative bodies before which the FCC is authorized to appear;
- With appropriate agencies, entities, and persons when the FCC suspects or has confirmed that there has been a breach of information; and
- With law enforcement and other officials investigating potential violations of Lifeline and other program rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN and the Affordable Connectivity Program SORN (formerly known as the Emergency Broadband Benefit Program SORN) described in the "Purpose" paragraph of this statement.

**Disclosure:** You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. Part 54, Subpart E, or benefits under the Affordable Connectivity Program rules, 47 C.F.R. Part 54, Subpart P.