



*Dear Customer,*

*Thank you for your interest in enrolling in the Affordable Connectivity Program (ACP) services provided by Access Wireless.*

*Lifeline and the Affordable Connectivity Program (ACP) are separate programs. Lifeline benefits may be combined with ACP benefits and applied to the same service plan. You may also apply Lifeline and ACP benefits to different service plans. You do not need to enroll in Lifeline in order to enroll in ACP and you do not need to enroll in ACP in order to enroll in Lifeline. You may choose to get Lifeline and ACP services from different service providers. You may transfer your Lifeline and ACP services to another provider subject to certain regulatory restrictions.*

*Completion of this form is required. This form is used for the purpose of verifying your eligibility for and enrolling you in ACP benefits only and an eligible Access Wireless service plan and will not be used for any other purpose. Lifeline and ACP benefits are subject to verification of eligibility by Access Wireless and the National Verifier.*

*Please see the next page for steps on applying for service with Access Wireless.*

**Apply for ACP services to receive 1000 TALK Minutes, UNLIMITED TEXT, & UNLIMITED DATA\* (\*Up to 10 Gigabytes)**



Dear Customer,

Thank you for your interest in enrolling in the Affordable Connectivity Program provided by Access Wireless. Please read through this letter entirely and follow the process below.

1. To enroll into the Affordable Connectivity Program, first please complete the enclosed FCC/Universal Service Administrative Co. ACP Application + Household Worksheet and return it to the ACP Support Center (Do NOT send to Access Wireless) by mailing it to:

<p><b>ACP/Lifeline Support Center</b> <b>P.O. Box 9100</b> <b>Wilkes-Barre, PA 18773-9100</b></p>
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\*\*Additionally, you may also complete the enrollment process online by visiting [https://acpbenefit.org/how-to-apply/for quicker processing](https://acpbenefit.org/how-to-apply/for-quicker-processing).

**NOTE:** USAC may request additional documentation from you before providing you with an approval code.

\*If you do not qualify through the National Verifier before submitting your Access Wireless application, your Access Wireless application will be rejected!!\*

2. After you have received your application approval code from the National Verifier, you may complete your enrollment with Access Wireless by completing both pages of the enclosed Affordable Connectivity Program Application Form and returning it, along with copies of your Unexpired Driver's License or State-Issued ID, and your current proof of Address to Access Wireless using one of the following methods:

- **Secure Link**

- Upload your application securely at this link:  
<https://documents.accesswireless.com/filedrop/ProspectDocUpload>

- **Mail**

- Mail your application to the address below:
  - Access Wireless  
1 Levee Way Suite 3116  
Newport, KY 41071

Once Access Wireless receives your completed application and, if approved, your phone will be delivered within 7-10 business days. Upon receipt, you will need to complete the activation instructions included with your phone to begin using your Access Wireless service.

If you have any questions, please contact our Customer Care team at 1-866-594-3644.

Thank you for choosing Access Wireless



# About the ACP

The ACP is a Federal Communications Commission (FCC) program that provides a monthly internet service discount and a one-time connected device benefit from participating internet companies 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 and up to \$75 for qualifying households on Tribal lands. Through the program, your internet company 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 company. You are only allowed to get one ACP benefit per household, **not per person**.

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: Internet companies must also meet certain criteria to participate in the ACP. Check with your company 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). Complete the ACP household worksheet to determine if more than one qualifying household is located at your address. If more than one person in your household participates in the ACP, you are breaking the FCC's rules and will lose your benefit.

## 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. Please include copies of your proof documentation when you submit your application to speed up processing time.

## 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 [AffordableConnectivity.gov](https://www.AffordableConnectivity.gov) for fastest processing.

Mail the form to this address:

**USAC**  
**ACP Support Center**  
**P.O. Box 9100**  
**Wilkes-Barre, PA 18773**



# 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.

First

Middle (optional)

Suffix (optional)

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)

**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)\*

**\*Social Security numbers are not required to participate in the Affordable Connectivity Program, but providing 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.

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

Military ID

Passport

Taxpayer Identification Number

Other Government ID

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



# Your Information (continued)

\* Tribal lands include any federally recognized Indian tribe's reservation, Pueblo, or colony, including former reservations in Oklahoma; Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) ; Indian allotments; Hawaiian Home Lands— areas held in trust for Native Hawaiians by the state of Hawaii, pursuant to the Hawaiian Homes Commission Act, 1920 July 9, 1921, 42 Stat. 108, et. seq., as amended; and any land designated as such by the FCC pursuant to the designation process in the FCC's Lifeline rules. A map of qualifying Tribal lands is available) on USAC's website: [https://www.affordableconnectivity.gov/wp-content/uploads/acp/ documents/ fcc\\_tribal\\_lands\\_map.pdf](https://www.affordableconnectivity.gov/wp-content/uploads/acp/ documents/ 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 your identity using your Social Security number, please enter the last four digits of your Social Security number (SSN)\*

**\*Social Security numbers are not required to participate in the Affordable Connectivity Program, but providing 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.

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

Military ID

Passport

Taxpayer Identification Number

Other Government ID

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



# 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 [AffordableConnectivity.gov](http://AffordableConnectivity.gov).

## 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)
  - Housing Choice Voucher (HCV) Program (Section 8 Vouchers)
  - Project-Based Rental Assistance (PBRA)/202/811
  - Public Housing
  - Affordable Housing Programs for American Indians, Alaska Natives or Native Hawaiians

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. 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



# Qualify for the ACP (continued)

## Qualify through your income:

15. Including you, how many people live in your household? (check one)	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		
1	\$29,160	\$36,420	\$33,540	Yes	No
2	\$39,440	\$49,280	\$45,360	Yes	No
3	\$49,720	\$62,140	\$57,180	Yes	No
4	\$60,000	\$75,000	\$69,000	Yes	No
5	\$70,280	\$87,860	\$80,820	Yes	No
6	\$80,560	\$100,720	\$92,640	Yes	No
7	\$90,840	\$113,580	\$104,460	Yes	No
8	\$101,120	\$126,440	\$116,280	Yes	No
If more than 8, add this amount for each extra person:	Add \$10,280	Add \$12,860	Add \$11,820	Yes	No

**200% of the 2023 Federal Poverty Guidelines**

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





# 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.*

By providing a phone number, you consent to letting USAC contact you at that phone number via artificial or prerecorded voice message or text for important reminders and updates about your ACP benefit. For text messages, message and data rates may apply. Text STOP to end messages.

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 companies.

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 company'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. The ACP Administrator or my service provider may have to check whether I still qualify at any time. If I need to recertify my ACP benefit, I understand that I have to respond by the deadline or I will be removed from the Affordable Connectivity Program and my ACP benefit will stop.

*The certification below applies to all consumers and is required to process your application.*

Initial 26. I was truthful about whether or not I am a resident of Tribal lands, as defined in the "Your Information" section of this form.

27. Signature	28. Today's Date
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## Representative Information

*Representatives who help consumers apply (such as internet company agents, state and Tribal partners, etc.) are required to register in the Representative Accountability Database (RAD) and must enter their Representative ID here.*

29. What is your Representative ID?

## How Does the ACP Protect Consumers?

The rules protect Affordable Connectivity Program recipients by:

- Empowering consumers to choose the service plan that best meets their needs (including a plan they may already be on);
- Ensuring consumers have access to supported internet services regardless of their credit status;
- Prohibiting companies from excluding consumers with past due balances or prior debt from enrolling in the program;
- Preventing consumers from being forced into more expensive or lower quality plans in order to receive the ACP;
- Reducing the potential for bill shock or other financial harms;
- Allowing ACP recipients to switch companies or internet service offerings; and
- Providing a dedicated FCC process for ACP complaints at <https://consumercomplaints.fcc.gov>.

## 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; 47 U.S.C. §1752; 47 CFR Part 54, Subparts E and R.

**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 R.



**REMINDER**

BEFORE SUBMITTING YOUR ACCESS WIRELESS APPLICATION:

Return your FCC/Universal Service Administrative Co. Application to Affordable Connectivity Support Center. Do NOT send to Access Wireless.

**ACP Support Center  
P.O. Box 9100  
Wilkes-Barre, PA 18773**

\*\*Alternatively, you may complete the enrollment process online by visiting <https://acpbenefit.org/how-to-apply/> for quicker processing.

**NOTE:** USAC may request additional documentation from you before providing you with an approval code.

\*If you do not first qualify through the National Verifier, your Access Wireless application will be rejected!!\*



# About the ACP

The ACP is a Federal Communications Commission (FCC) program that provides a monthly internet service and one-time connected device benefit from participating internet companies for qualifying low-income consumers.

## What this worksheet is for

Use this worksheet if someone else at your address gets the Affordable Connectivity Program (ACP) benefit. The answers to these questions will help you find out if there is more than one household at your address.

## 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). Complete the ACP household worksheet to determine if more than one qualifying household is located at your address. If more than one person in your household participates in the ACP, you are breaking the FCC's rules and will lose your benefit.

### Examples of one household:

- A married couple who live together are one household. They must share one ACP benefit.
- A parent/guardian and child who live together are one household. They must share one ACP benefit.
- An adult who lives with friends or family who financially support him/her are one household. They must share one ACP benefit.

### Examples of more than one household:

- Four roommates who live together but do not share money are four households. They can have one ACP benefit each, four total.
- 30 seniors who live in an assisted-living home but do not share money are 30 households. They can have one ACP benefit each, 30 total.

## Household expenses

A household shares expenses. Household expenses include, but are not limited to, food, healthcare expenses, and the cost of renting or paying a mortgage on your place of residence and utilities.

## Income

Households share income. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.





# Can you apply?

Follow this decision tree to confirm if you qualify for the ACP.

## 1. Do you live with another adult?

Adults are people who are 18 years old or older, or who are emancipated minors. This can include a spouse, domestic partner, parent, adult son or daughter, adult in your family, adult roommate, etc.

Yes

*If yes, answer question 2*

No

**You can apply for the ACP.** You live in a household that does not get the benefit yet. **Please initial** line **B** on page 4, **and sign** and date the worksheet.

Check this box

## 2. Do they get the ACP benefit?

Yes

*If yes, answer question 3*

No

## 3. Do you share money (income and expenses) with them?

This can be the cost of bills, food, etc., and income. If you are married, you should check yes for this question.

Yes

No

**You do not qualify for the ACP** because someone in your household already gets the benefit. You are only allowed to get one ACP benefit per household, not per person.

Check this box

**You can apply for the ACP.** You live at an address with more than one household and your household does not get the ACP benefit yet.

**Please initial** lines **A** and **B** on page 4, **and sign** and date the worksheet.

Check this box

4. Please check the box that best describes the building where you live:

- Apartment building     
  Single family home     
  Residential facility (such as a nursing home or assisted living facility)
- Transitional housing or shelter     
 Other: (please describe) \_\_\_\_\_

5. If you live at a single family home where three or more economic households have applied for the ACP, please identify the number of individuals who reside at the address and the number of people in your economic household:

Number of people at address: \_\_\_\_\_ Number of people in your economic household: \_\_\_\_\_



# Agreement

Please initial the agreement(s) that are required based on your responses from page 3, then sign and date this worksheet. Submit this worksheet with your Affordable Connectivity Program Application Form.

Initial

**A** 6. I live at an address with more than one household.

Initial

**B** 7. I understand that the one-per-household limit is a Federal Communications Commission (FCC) rule and I will lose my Affordable Connectivity Program benefit if I break this rule.

**8. Signature**

**9. Today's Date**

By providing a phone number, you consent to letting USAC contact you at that phone number via artificial or prerecorded voice message or text for important reminders and updates about your ACP benefit. For text messages, message and data rates may apply. Text STOP to end messages.

## Privacy Act Statement

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

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**Authority:** 47 U.S.C. §254; 47 U.S.C. §1752; 47 CFR Part 54, Subparts E and R.

**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 R.



## AFFORDABLE CONNECTIVITY PROGRAM (ACP) ENROLLMENT APPLICATION

ATTENTION: The information you enter onto this form must match exactly to the information submitted on the FCC Affordable Connectivity Program Application Form and the National Verifier.

To apply for ACP services provided by Access Wireless, you must have first applied and been approved by USAC/ National Verifier. Please enter your USAC Application ID here:

\_\_\_\_\_

Lifeline and ACP services are subject to availability. Access Wireless's complete Terms and Conditions, including our Acceptable Use and Privacy Policies, apply and are available at www.AccessWireless.com.

Lifeline and the Affordable Connectivity Program (ACP) are separate programs. Lifeline benefits may be combined with ACP benefits and applied to the same service plan. You may also apply Lifeline and ACP benefits to different service plans. You do not need to enroll in Lifeline in order to enroll in ACP and you do not need to enroll in ACP in order to enroll in Lifeline. You may choose to get Lifeline and ACP services from different service providers. You may transfer your Lifeline and ACP services to another provider subject to certain regulatory restrictions.

Completion of this form is required. This form is used for the purpose of verifying your eligibility for and enrolling you in ACP benefits and an eligible Access Wireless service plan and will not be used for any other purpose. Lifeline and ACP benefits are subject to verification of eligibility by Access Wireless and the National Verifier.

Complete this application for ACP-Only Services to receive 1000 TALK MINUTES, UNLIMITED TEXT & UNLIMITED DATA\* (\*Up to 10 Gigabytes)

### ACCESS WIRELESS APPLICANT INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last 4-digits of Social Security Number (or Tribal ID Number): XXX-XX-\_\_\_\_\_

Residence Address (No P.O. Boxes, must be your principal address)

Residential address: \_\_\_\_\_ APT/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ This address is:  Permanent  Temporary

I am a Tribal Resident residing on Tribal Lands:  Yes  No

Billing Address - if different from Residential (May contain P.O. Box):

Billing/Shipping address: \_\_\_\_\_ APT/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

What is the best way to reach you (Check all that apply):

E-Mail  Phone  Text Message  Mail

Contact Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Check this box ONLY if you are qualifying through a child or dependent in your household. If so, fill out the information below.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last 4-digits of Social Security Number (or Tribal ID Number): XXX-XX-\_\_\_\_\_

### Activation and Usage Requirements

You must activate it by dialing 611 from your Access Wireless handset. Access Wireless service is a prepaid service offered by the company to subscribers eligible for Lifeline and/or ACP discount benefits in states where it is authorized to do so. To maintain your service and benefits, you must personally activate the service by placing a call, initiating data usage, or by responding to instructions from Access Wireless to activate the service. To keep your account active, you must use the service at least once during any 30-day period by completing an outbound call, sending a text message, using cellular data, purchasing additional service from Access Wireless, answering an in-bound call from someone other than Access Wireless, or by responding to a direct contact from Access Wireless confirming that you want to continue receiving service from Access Wireless. If your service goes unused for 30 days, you will no longer be eligible for Lifeline or ACP benefits (or both, if you choose to apply both benefits to the same service) and your service may be suspended (allowing only 911 calls and calls to the Access Wireless's customer care center) subject to a 15-day cure period during which you must use the service (as described above) in order to fully re-activate your service, keep your telephone number and remain enrolled in Lifeline and ACP, as applicable.

By checking this box, I hereby certify that I have read and understood the disclosures listed above regarding activation and usage requirements.

CONTINUE APPLICATION TO PAGE 2 >>>



## PAGE 2: ACP DISCLOSURES, AUTHORIZATIONS AND CERTIFICATIONS<sup>1</sup>

The Affordable Connectivity Program (ACP) is a government benefit program operated by the Federal Communications Commission (FCC) that provides discounts on monthly broadband Internet access service and certain connected devices. For more information about the ACP and program eligibility requirements, call us at 1-866-594-3644 or visit [www.AccessWireless.com/acp](http://www.AccessWireless.com/acp).



**INSTRUCTIONS: INITIAL EACH LINE, CHECK FINAL CERTIFICATIONS, SIGN AND DATE YOUR APPLICATION.**

Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.

ACP benefits may be obtained from any participating provider of your choosing and your monthly service benefit may be transferred to another provider no more than once in a service month.

ACP discounts can be applied to any available Access Wireless service plans at the same terms available to households that are not eligible for ACP supported services. Upload/download speeds will be determined by your particular service plan, and other factors, including your device, network availability from our underlying carrier, your proximity to cellular towers, and environmental factors may affect speeds, as described in our Broadband Transparency Disclosure at [www.AccessWireless.com](http://www.AccessWireless.com). A complete listing of our plans, including plans that are fully covered (no co-pay after application of the ACP discount), is available at [www.AccessWireless.com/acp/plans](http://www.AccessWireless.com/acp/plans).

Access Wireless's complete Terms and Conditions, including the Acceptable Use Policy, Privacy Policy and ACP Terms and Conditions, apply and are available at [www.AccessWireless.com](http://www.AccessWireless.com).

ACP monthly service and one-time device discounts are not transferrable to other households or individuals.

An eligible household is limited to one monthly service discount and a single one-time device discount.

An eligible household does not have to purchase an ACP discounted connected device in order to enroll in the ACP and receive monthly service discounts. Devices available for ACP discounts are listed at [shop.AccessWireless.com](http://shop.AccessWireless.com).

Eligibility for the ACP is determined by the National Verifier and National Lifeline Accountability Database, administered by the Universal Service Administrative Company (USAC), or an alternative verification process approved by the FCC.

Your ACP discount benefit is separate from your Lifeline discount benefit. Your household can receive only one ACP benefit and one Lifeline benefit. Your ACP benefit can be separate or combined with your Lifeline benefit, depending on your choice and the service plan you choose. Lifeline participants may maintain their existing Lifeline services without enrolling in the ACP and may choose to take ACP benefits from another service provider.

If the FCC announces the end of the ACP, we discontinue our ACP service offers, you transfer your ACP benefits to another provider, or we determine your household is no longer eligible, we will notify you and you will revert to receiving the standard FREE Lifeline plan where available and if you are enrolled in Lifeline with Access Wireless and remain eligible. You may keep your service plan by paying the applicable undiscounted rate plus applicable fees and taxes.

If you select a plan that is not fully covered by applicable discounts and requires monthly post-payments (Access Wireless does not offer any such plans at this time), Access Wireless may disconnect your ACP-supported service after 90 consecutive days of non-payment on a post-paid plan.

A household may file a complaint against an ACP service provider via the FCC's Consumer Complaint Center.

### **Affordable Connectivity Program Initialed Certifications:**

\_\_\_\_\_ (1) I hereby certify that I have read and understood the disclosures listed above regarding the ACP benefits and consent to enroll in the ACP with Access Wireless.

\_\_\_\_\_ (2) If I am seeking to qualify for ACP benefits as an eligible resident of Tribal lands, I certify that I live on Tribal lands, as defined in FCC rule 47 C.F.R. 54.400(e).

\_\_\_\_\_ (3) I authorize and give express consent for Access Wireless and its contracted partners to contact me to validate my eligibility for, desire to participate in, or subscription to Access Wireless's ACP offers and other products and services via email, telephone, or text messaging, including calls using an automated telephone dialing system, manually, or with pre-recorded/artificial voice messages. Text messaging and data rates may apply. Consent for emails, calls and texts is optional and can be revoked at any time by dialing 611 from my Access Wireless provided wireless number or by calling 1-866-594-3644 and revoking consent. However, I understand that opting out will not affect Access Wireless's ability to contact me with notices and messages regarding ACP service and connected device benefits and/or any other service or product via the methods listed herein. For more information see our Terms and Conditions and Privacy Policy at [www.AccessWireless.com](http://www.AccessWireless.com).

### **Affordable Connectivity Program Initialed Certifications Continued:**

\_\_\_\_\_ (4) I acknowledge that I am providing the information I have included in this form to CGM, LLC and further authorize CGM, LLC to receive and use my information for enrollment verification and waste, fraud, and abuse mitigation purposes. I also authorize CGM to receive and use my historic Emergency Broadband Benefit and ACP enrollment information for verification and waste, fraud, and abuse mitigation purposes.

\_\_\_\_\_ (5) I authorize Access Wireless and its contracted partners, for the purpose of applying for, determining eligibility, enrolling in and seeking reimbursement of ACP service and connected device benefits, to collect, use, share, and retain my personal information, including but not limited to information required for the purpose of establishing eligibility for and enrolling in the ACP program, and including, but not limited to, full name, full residential address, date of birth, last four digits of social security number, telephone number, eligibility criteria and status, the date on which the ACP service discount was initiated and if applicable, terminated, usage status and other compliance requirements, the amount of support being sought for the service, and information necessary to establish identity and verifiable address. This information may be shared with USAC to ensure proper administration of the ACP program. Failure to provide consent will result in me being denied ACP service and connected device benefits.

\_\_\_\_\_ (6) I agree that any state, local, Tribal government, school, or school district, may share information about my receipt of benefits that would establish eligibility for the ACP, and that such information will be used only to determine ACP eligibility.

\_\_\_\_\_ (7) I certify that if I receive a connected device discount from Access Wireless as part of the ACP, I will pay a minimum of \$10.01 and a maximum of \$49.99 for the connected device and that, to the best of my knowledge, no one in my household has received a connected device discount from any service provider through the ACP or the Emergency Broadband Benefit program.

#### **ACP Benefit Transfer Consent:**

A subscriber already enrolled in the ACP with another provider must consent to the transfer of their ACP benefit to Access Wireless. The effect of an ACP benefit transfer is that your ACP benefit will be applied to Access Wireless's ACP service and will no longer be applied to service retained from your former ACP service provider. You may be subject to your former ACP provider's undiscounted rates as a result of the transfer if you elect to maintain service from that provider. You are limited to one ACP benefit transfer transaction per service month, with limited exceptions for situations where a subscriber seeks to reverse an unauthorized benefit transfer or is unable to receive service from a specific provider.

\_\_\_\_\_ (8) After receiving and reviewing the foregoing required disclosures, I consent to and authorize Access Wireless to transfer my current ACP benefit to Access Wireless, if I am found to already be receiving an ACP discount benefit from another ACP provider.

<sup>1</sup>Completion of this form does not eliminate the need for the applicant to complete the National Verifier's Standard ACP Application Form which is required.

### **CERTIFICATION OF TRUTH AND CORRECTNESS UNDER PENALTY OF PERJURY:**

By checking this box, I hereby certify, under penalty of perjury, that the information included in the foregoing applications and certifications are true and correct to the best of my knowledge.

### **FINAL DISCLOSURES, AUTHORIZATIONS & CERTIFICATIONS:**

**Affordable Connectivity Program (ACP)** — By checking this box, I certify I have read and understood the disclosures for ACP and consent to enroll in **ACP with Access Wireless**.

TODAY'S DATE

APPLICANT'S SIGNATURE (Please use blue or black ink)

This signed authorization is required in order to enroll you in the ACP Program in your state and is only for the purpose of verifying your participation in these programs and will not be used for any other purpose. Service requests will not be processed until this form has been received and verified by Access Wireless. By my signature immediately above, I hereby certify under penalty of perjury, and under Title 18 U.S.C. § 1621, whoever willfully states as true any material matter which he/she does not believe to be true in a statement under penalty of perjury and shall, except as otherwise expressly provided by law, be fined or imprisoned not more than five years, or both and can be barred from the program.