

APPLICATION:

Questions #1-4:

FCC FORM 5645

Affordable Connectivity Program Application Form



**Universal Service
Administrative Co.**

Your Information

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

[illegible]

Guide:

- If completing form: reminder to use **CAPITALIZED LETTERS ONLY**
- If completing form: reminder to use **BLACK INK ONLY**
- The legal name must match official documents ex. Social Security Card or State ID, a nickname cannot be used
- A legal resident must apply for household
- There is technically not an age requirement and a household can qualify on behalf of a child as long as they are participating a government program in question 10

Question #4:

4. What is your email address? (Recommended)

[illegible]

Guide:

- If the resident does not have an email address we recommend setting one up at www.gmail.com.
- Advise them to create a professional email address
- Both personal and work email addresses are the “home base” when we connect online. The email address **is a primary way to receive messages from people and businesses**. An email address is also the one piece of contact information you most frequently share with services as you bank, school, work, apply for jobs, access online resources, and shop.
- When creating a password, here are some helpful tips to create a strong password. A strong password is one that’s easy for you to remember but difficult for others to guess. Here are some important things to consider when creating a password.
 - **Never use personal information** such as your name, birthday, user name, or email address. This type of information is often publicly available, which makes it easier for someone to guess your password.
 - **Use a longer password**. Your password should be **at least six characters long**, although for extra security it should be even longer.
 - **Don’t use the same password for each account**. If someone discovers your password for one account, all of your other accounts will be vulnerable.
 - Try to include **numbers, symbols**, and both **uppercase** and **lowercase letters**.
 - Avoid using words that can be **found in the dictionary**. For example, **swimming1** would be a weak password.
 - Be sure to write the password and username down for the resident, remind them to **store it in a safe place**.

Questions #5:

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.

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- ☐ 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	<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 your form of identification with your application.

Guide:

- #5 - remind the resident they do not have to use their Social Security number, however, processing is faster when they use it.
- If you do not have access to a scanner we suggest taking a photo with a mobile phone.
- iPhone Notes App (there are other apps)
 - Open the Notes app.
 - Tap the Create new note icon in the bottom right-hand corner.
 - Tap in the body of the note to see the options menu.
 - Select the camera icon.
 - Tap Scan Documents.
 - Tap the shutter button to scan the photo.
 - Email and text to yourself
- You can also take a photo of the document you need.
 - Ensure the document is flat.
 - Eliminate wrinkles or folds.
 - Make sure they are legible.
 - Make sure there is good lighting.
 - Give enough distance and tap to focus.

Question #6-9:

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

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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.)

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Street Number and Name

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

Apt., Unit, etc.

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

City

--	--

State

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

Zip Code

Guide:

- #6 Reminder the resident must provide a physical addresses of where the internet service will be received. Potential follow up questions...what if I'm moving? What if this isn't a permanent residence? Do I need to notify if I'm moving?
- If the household is moving they have 30 days from the date they move to notify of the carrier of the new address

Questions #10-11:

☐ **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?

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First

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

Middle (optional)

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Suffix (optional)

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

Last

12. What is their date of birth?

--	--

Month

--	--

Day

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Year

Guide:

- #10-13 only need to be completed if the applicant is qualifying using someone other than themselves. If the applicant is the recipient of the federal benefit or is qualifying using household income, skip #10-13.
- #10 - Any member of the household can make their household eligible if they participate in one of the Federal programs. For example, if their child or dependent participates in the Free and Reduced-Price School Lunch Program the household qualifies for the ACP benefit. See page x for complete list
- The legal name must match legal documents ex. birth certificate
- #12 - Reminder: use the birthdate of the dependant who participates in the federal benefit program, if different from the applicant.

Question #13:

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 ☐

Military ID ☐

Passport ☐

Taxpayer Identification Number ☐

Other Government ID ☐

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

Guide:

- Part A - reminder this is the child or dependent's social security number. A social security number is not required but makes the process faster.
- Part C - You will need to scan the forms of identification. If the dependent is a minor, a valid school ID is an acceptable proof of identification.
- If you do not have access to a scanner, take a photo with a mobile phone.
- iPhone Notes App (there are other apps)
 - Open the Notes app.
 - Tap the Create new note icon in the bottom right-hand corner.
 - Tap in the body of the note to see the options menu.
 - Select the camera icon.
 - Tap Scan Documents.
 - Tap the shutter button to scan the photo.
 - Email and text to yourself
- You can also take a photo of the document you need.
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 - Make sure there is good lighting.
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Questions #14:

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)

Guide:

- Check the boxes that are applicable- TO THE RESIDENT
 - If using the online application, you will not be able to go to the next step without filling out identifying information for each of the programs selected. It is recommended that you only select one benefit program if using the online version.
- The resident will need to provide documents that show they or someone in their household participates in one of the programs selected.
- Reminder: they only need to qualify for one: government program or income. This means only question 14 OR questions 15 & 16 should be completed, NOT both. If you have completed question 14, skip to question 17.

Question #14 continued:

- If using a student's participation in free or reduced-price lunch, include the school name, the school district name, and the state. This will be used to look up the school in the community eligibility program (CEP) database. Many San Antonio area schools participate in the CEP, which provides all students attending that school with free lunch. Check the following database to see if the school participates in the CEP.

<https://frac.org/community-eligibility-database/>

If the school is in the database, all that is needed is an enrollment document with the following information:

- The name of the benefit qualifying person (BQP)
- The name of the school
- School Address
- School Contact information (Phone Number and/or Email)
- Dates for the current school year

If the school is not in the database and does not participate in the CEP, the school will need to provide proof that the student individually is enrolled in the free or reduced-price lunch program.

Questions #15-16:

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		
<input type="checkbox"/>	1	\$25,760	\$32,180	\$29,640	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	2	\$34,840	\$43,540	\$40,080	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	3	\$43,920	\$54,900	\$50,520	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	4	\$53,000	\$66,260	\$60,960	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	5	\$62,080	\$77,620	\$71,400	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	6	\$71,160	\$88,980	\$81,840	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	7	\$80,240	\$100,340	\$92,280	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	8	\$89,320	\$111,700	\$102,720	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<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"/> Yes	<input type="checkbox"/> No

200% of the 2021 Federal Poverty Guidelines
 *The Federal Poverty Guidelines are typically updated at the end of January.

Guide:

- #15- This is only required if the applicant is not using participation in a federal benefit program to qualify. Check the box with the total number of people, including the applicant
- #16 - only check YES to the box you checked off in #15
- Reminder they only need to qualify for one: government program or income
- Reminder the resident must be within 200% below the 2021 Federal Poverty Guidelines

Question #17-20:

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.

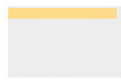
Initial

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.

Guide:

- Review each of the questions and make sure the residents places their initials in each of the boxes

Questions #21-25:


Initial

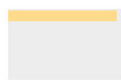
21. I agree that all of the information I provide on this form may be collected, used, shared, and retained for the purposes of applying for and/or receiving the ACP benefit. I understand that if this information is not provided to the Program Administrator, I will not be able to get ACP benefits. If 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

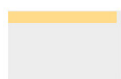
22. For my household, I affirm and understand that the ACP is a federal government subsidy that reduces my broadband internet access service bill and at the conclusion of the program, my household will be subject to the provider's undiscounted general rates, terms, and conditions if my household continues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

Guide:

- Review each of the questions and make sure the residents places their initials in each of the boxes
- Ensure resident has read and understands #17- # 25 before initials. In some cases this might include reading them to the resident.

Question #26-27:

26. Signature	27. Today's Date
<input type="text"/>	<input type="text"/>

Guide:

- Please make sure the resident signs and dates the document

Question #28:

28. What is your Representative ID?																						
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Guide:

- This is only applicable if the person helping with the enrollment process has a federal Representative ID number.