

# APPLICATION:

## Questions #1-3:

**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.

<b>1. What is your full legal name?</b> The name you use on official documents, like your Social Security Card or State ID. Not a nickname.		
<input type="text"/>		
First	<input type="text"/>	
Middle (Optional)	<input type="text"/>	
<input type="text"/>		
Last	<input type="text"/>	
<b>2. What is your phone number (if you have one)?</b>		
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<b>3. What is your date of birth?</b>		
Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Guide:

- If completing the form: a reminder to use **CAPITALIZED LETTERS ONLY.**
- If completing the form: a 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.
- There is technically no an age requirement, and a household can qualify on behalf of a child as long as they are participating in a government program in question 10.



## 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)\*

**\*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.

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.



## Questions #10-12:

**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

### 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.
- The legal name must match legal documents ex. birth certificate
- #12 - Reminder: use the birthdate of the dependent 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.
  - 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.

## 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)

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)

### 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.



## 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 resident places their initials in each of the boxes
- Ensure resident has read and understands #17- #20 before initials. In some cases, this might include reading them to the resident.

## Questions #21-26:

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.

### Guide:

- Review each of the questions and make sure their initials are in each of the boxes.
- Ensure resident has read and understands #21- #26 before initials. In some cases, this might include reading them to the resident.



# CHECKLIST • MAILING ACP APPLICATION

## If mailing an ACP application, follow this checklist:

- Cover Sheet  
<https://www.affordableconnectivity.gov/wp-content/uploads/cover-sheet.pdf>
- Application (review to make sure the application is completed, initialed and signed on page 7) Include ACP documentation to support qualification.
- Place postage and address envelope to:  
USAC ACP Support Center  
P.O. Box 9100  
Wilkes-Barre, PA 18773

## Tips:


- To avoid delays, send copies of your proof documents with your initial application.
- Make copies or take pictures of your documents using a scanner, copy machine, camera, or smartphone.
- Avoid sending any dark or blurry copies or pictures.
- Never submit original copies of your documents.

## Next Steps

- Approval process can take 2-3 business days
- Approval email will be sent to the email address used in the application.
- If you do not hear back after 3 days - please escalate to [www.consumercomplaints.fcc.gov](http://www.consumercomplaints.fcc.gov)
- Once the application has been approved, the applicant has 90 days to obtain service or the approval will expire.

## Contact the ACP Support Center

Operating Hours: 7 days a week, from 9:00 a.m. to 9:00 p.m. ET

 (877) 384-2575

 [ACPSupport@usac.org](mailto:ACPSupport@usac.org)

The ACP Support Center can help with questions about:

- The status of your ACP application
- Documents needed to show you qualify
- Companies in your area
- Assistance with the ACP Household Worksheet
- Resetting your account