

Affordable Connectivity Program Application (FCC Form 5645) Instructions

Page 1: About the Affordable Connectivity Program

The Affordable Connectivity Program (ACP) is a federal government program that provides a \$30 non-Tribal or \$75 Tribal monthly discount on internet services and, where available from participating internet companies, a one-time discount on a connected device for qualifying low-income consumers. The ACP provides one monthly internet discount and one connected device benefit per household.

Rules

If you qualify, your household can receive a monthly 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 internet company may also offer a one-time internet connected device benefit of up to \$100 for a desktop computer, tablet, or laptop with a required 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 receive 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 on the same or different service. For example, you could apply the Lifeline benefit to a mobile service and apply an ACP benefit to an internet service to your home. You could also apply your Lifeline and ACP benefit to a single internet service from the same provider.

If you no longer qualify for the ACP benefit (such as your income exceeds the income level or you no longer participate in a qualifying benefits program), you must notify your ACP internet provider or the ACP administrator within 30 days.

Note: Internet companies must also meet certain criteria to participate in the ACP. Check with your internet company to determine if it participates. If you are looking for an internet company, please visit [Companies Near Me](#) to find a participating internet company in your area.

What is a household?

For information about the ACP household definition, please see the [ACP website](#).

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 the 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.

How to Apply

To apply for the Affordable Connectivity Program, 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.fcc.gov/apply/ACPbenefit.org) for faster processing.

Mail the form to this address:

USAC
ACP Support Center
P.O. Box 7081
London, KY 40742

Page 2: Your Information

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

1. **What is your full legal name?** Enter your first name on the first line, middle name (optional) on the second line in the first set of boxes, and last name on the third line. Include any suffix (optional) on the second line in the second set of boxes. Please use your full, legal name that you use on official documents. Do not use a nickname.
2. **What is your phone number?** Enter your phone number, if you have one.
3. **What is your date of birth?** Enter your birth month, date, and year in that order.
4. **What is your email address?** If you have an email address, enter it here. Providing an email address is recommended so USAC can send you status updates about your application.
5. **Identity Verification.** Please select **one** of the following to verify your identity.
 - a. **Social Security Number.** If you would like to verify your identity using your Social Security Number, please check the box to the left of this subsection and enter the last four digits of your Social Security Number (SSN4) in the space provided immediately below. **Please note that Social Security Numbers are not required to participate in the Affordable Connectivity Program, but using a Social Security Number will allow us to process your application the fastest.**
OR
 - b. **Tribal Identification Number.** If you would like to use a Tribal Identification Number to verify your identity, please check the box to the left of this subsection and enter the number in the space provided immediately below.
OR
 - c. **Other Form of Identification.** If you would like to verify your identity using another form of identification, including Driver's License, Military ID, Passport, Individual Taxpayer Identification Number (ITIN), or other Government ID, please check the box to the left of this subsection and select the box for the corresponding category below. Please include a scanned copy or photo of your form of identification with your application.

Driver's License
Military ID
Passport
Individual Taxpayer Identification Number (ITIN)
Other Government ID

Page 3: Your Information (Continued)

6. **What is your home address?** Enter your home address. This should be the address where you'll receive service and cannot be a P.O. Box. It should include your street number and name on the first line, your apartment or unit number (if you have one) on the second line in the first set of boxes, the city on the second line in the second set of boxes, the state abbreviation on the third line in the first set of boxes, and the Zip code on the third line in the second set of boxes. If you move, you must update your address with your service provider within 30 days.
7. **Is this a temporary address?** Check yes or no.
8. **If you live on qualifying Tribal lands**, check the box in question 8. Under ACP rules, 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, and the following, 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.usac.org/wp-content/uploads/lifeline/documents/tribal/fcc_tribal_lands_map.pdf
9. **What is your mailing address?** Enter your mailing address only if it is different from your home address. It should include your street number and name on the first line, your apartment or unit number (if you have one) on the second line in the first set of boxes, the city on the second line in the second set of boxes, the state abbreviation on the third line in the first set of boxes, and the Zip code on the third line in the second set of boxes.

Page 4: Benefit Qualifying Person

10. Only fill out this section if you are qualifying through a child or dependent. If you are qualifying through a child or dependent, please check the box to indicate you are eligible through a benefit qualifying person (BPQ). You should check this box if you are applying based on a current minor student's participation in a free or reduced price school lunch or breakfast program or attendance at a Community Eligibility Provision (CEP) school, or a minor child's receipt of their own Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefit.
11. **What is their full legal name?** Enter the child or dependent's full, legal name – first name on the first line, middle name (optional) on the second line in the first set of boxes, and last name on the third line. Include any suffix (optional) on the second line in the second set of boxes. The name of the benefit qualifying person cannot be the same as the applicant and must match the name on the documentation demonstrating participation in the qualifying benefit program.
12. **What is their date of birth?** Enter their date of birth – month, day and year – in that order.
13. **Identity Verification.** Please select one of the following to verify your child or dependent's identity.
 - a. **Social Security Number.** If you would like to verify their identity using their Social Security Number, please check the box to the left of this subsection and enter the last

four digits of their Social Security Number (SSN4) in the space provided immediately below. **Please note that 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.**

OR

- b. Tribal Identification Number.** If you would like to use a Tribal Identification Number to verify their identity, please check the box to the left of this subsection and enter the number in the space provided immediately below.

OR

- c. Other Form of Identification.** If you would like to verify their identity using another form of identification, including Driver's License, Military ID, Passport, Individual Taxpayer Identification Number (ITIN), or other Government ID, please check the box to the left of this subsection and select the box for the corresponding category below. Please include a scanned copy or photo of their form of identification with your application.

Driver's License

Military ID

Passport

Individual Taxpayer Identification Number (ITIN)

Other Government ID

Page 5. 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 in this form, please include copies of documents that show that you participate in one of the programs you selected or that you qualify through your income. A list of acceptable documents can be found at on the [ACP website](#). **You should not provide original documents.**

- 14. Qualify Through a Government Assistance Program.** Check the box next to all the programs that you or someone in your household participate in:

- a. Supplemental Nutrition Assistance Program (SNAP, also called Food Stamps)
- b. Supplemental Security Income (SSI)
- c. Medicaid
- d. Federal Public Housing Assistance (FPHA)
- e. Veterans Pension or Survivors Benefit Programs
- f. Federal Pell Grant for the current award year
- g. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- h. Free and Reduced Price School Lunch Program or School 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 option, please enter your school name, school district, and state.

Tribal Specific Programs

- i. Bureau of Indian Affairs (BIA) General Assistance
- j. Tribal Temporary Assistance for Needy Families (Tribal TANF)
- k. Food Distribution Program on Indian Reservations (FDPIR)

- I. Tribal Head Start (only households that meet the income qualifying standard)
- OR**

Page 6. Qualify for the ACP (Continued)

Qualify Through Household Income: If you think that you qualify for the ACP through your income, complete questions 15 and 16. You qualify through income if your income is at or below 200% of the Federal Poverty Guidelines. The Federal Poverty Guidelines are typically updated at the end of January each year.

- 15. **Including you, how many people live in your household?** Check the box next to the appropriate number.
- 16. **Is your income the same or less than the amount listed on the application for your state and household size?** To find your state's income threshold, follow the line across from your household number to find the ACP's income limits. Check "yes" or "no" to indicate if your income is at or below the number listed. The first column is for households in the lower 48 states, DC, and territories. The second column is the income limit for Alaska and the third column is for Hawaii.

Page 7: Agreements and Signature

Initial next to each box to agree to the statement and sign and date the form. **If you do not initial each statement, your application will be considered incomplete.**

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

- 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).
- 18. I agree that if I move I will give my service provider my new address within 30 days.
- 19. I understand that I have to tell my service provider within 30 days if I do not qualify for 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.
- 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.
- 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.
- 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 that 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.

23. All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.
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.
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:** Please sign the form.
27. **Today's Date:** Enter today's date.

Page 8. Representative Information and Privacy Act Statement

Answer only if a service provider representative submits this form.

28. **What is your Representative ID?** A service provider representative who submits this form must enter their representative ID as registered in the Representative Accountability Database.

For any questions, please contact Universal Service Administrative Company

Website: ACPbenefit.org

Phone: Call the ACP Support Center at 1-877-384-2575

Email: ACPSupport@usac.org

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.