

Affordable Connectivity Program – Household Worksheet (FCC Form 5646) 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 service providers, 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.

What this worksheet is for

Use the household worksheet if someone else at your address gets the ACP benefit. The answers to the worksheet 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).

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

A household shares 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.

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 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 zip code on the third line in the second set of boxes.

If your address subsequently changes, you must alert your ACP internet provider within 30 days and you will be required to complete another household worksheet if another household resides at that same address and receives the ACP.

Page 3: Can You Apply?

Follow this decision tree to confirm if you qualify for the Affordable Connectivity Program.

1. Do you live with another adult?

Check “yes” (first box) if 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. Move to section two.

OR

Check “no” (second box) if you do not live with another adult. If you check no, you can apply for the ACP. Please check the box to the right of this section to indicate that you can apply for the ACP. Move to section four.

2. Do they get the ACP benefit?

If you checked “yes” in section one:

If the adult you live with receives the ACP benefit, check “yes” (first box) in section two. Move to section three.

OR

If the adult you live with does not receive the ACP benefit, check “no” (second box) in section two. Please check the box to the right of this section to indicate that you can apply for the Affordable Connectivity Program. Move to section four.

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

If you checked “yes” in section two:

If you and the other adult in your household share money (income and expenses) then check “yes” (first box). This can be the cost of bills, food, etc., and income. If you are married, you should check “yes” for this question. You do not qualify for the Affordable Connectivity Program because someone in your household already gets the benefit. You are only allowed to get one ACP benefit per household, not per person. Please check the box at the bottom of this section to indicate that you do not qualify for the ACP. You do not need to do anything else on this worksheet.

OR

If you and the other adult in your household do not share money (income and expenses), check “no” (second 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 check the box to the right of this section to indicate that you can apply for the ACP. Move to section four.

4. Check the box that best describes where you live:

- Apartment building
- Single family home

- Residential facility (such as a nursing home or assisted living facility)
- Transitional housing or shelter
- Other. If you choose this, please describe in the space provided.

Move to section five.

5. If you live at a single family home where three or more economic households, as household is described above, have applied for the ACP, please identify the number of individuals who reside at the address on the first line and the number of people in your economic household on the second line. Otherwise, leave blank. Move to section six.

Page 4: Agreement and Privacy Act Statement

Please initial the agreement below and sign and date this worksheet. Submit this worksheet with your Affordable Connectivity Program Application Form.

By signing, you consent to let USAC contact you at the phone number you provided for important reminders and updates about your ACP service. Message and data rates may apply. Text STOP to end messages.

Initial the statement(s) that applies to you:

- A. 6. If you answered “yes” on questions one and two, and “no” on question three, initial statement A that says you live at an address with more than one household. Otherwise, leave blank. Move to section seven.
- B. 7. If you answered “no” on questions one, two or three, initial statement B that says you understand that the one-per-household limit is a Federal Communications Commission (FCC) rule and you will lose your Affordable Connectivity Program Benefit if you break this rule. Otherwise, leave blank. Move to sections eight and nine.

If you initialed one or both sections above, sign and date this worksheet:

8. **Signature:** Sign your name.
9. **Today’s date:** Enter today’s date.

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 116-260, 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.