

**AFFORDABLE CONNECTIVITY PROGRAM  
DISCLOSURES AND CUSTOMER CONSENT TO ENROLL**

The Affordable Connectivity Program (ACP) is a Federal Communications Commission (FCC) program that provides a discount on monthly broadband bills for qualifying low-income households. If you qualify, your household can receive a monthly ACP benefit of up to \$30 to cover the cost of your Internet service. If you live on qualifying Tribal lands, you may receive a discount of up to \$75.

Your household cannot receive the ACP benefit from more than one service provider. You are only allowed 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.

If you are currently enrolled in the FCC's Lifeline program, you are eligible to participate in the Affordable Connectivity Program and do not have to submit a separate application to determine your eligibility for the ACP.

The ACP is separate from the FCC's Lifeline Program. If your household qualifies for both programs, you can apply for and receive both benefits. You may continue your existing Lifeline service without enrolling in the ACP.

You may choose to receive your ACP benefits from any broadband Internet access service provider participating in the ACP, and you may transfer your ACP benefits to another ACP service provider at any time.

***Please read and initial each statement below to confirm you understand and agree.***

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

\_\_\_\_\_ For my household, I affirm and understand that the ACP is a federal government subsidy that reduces my broadband Internet access service bill and, if for any reason I no longer qualify for the program, my household will be subject to Sierra Tel Internet's undiscounted general rates, terms and conditions if my household continues to subscribe to the service.

\_\_\_\_\_ I currently receive federal Lifeline Program benefits on my service from Sierra Telephone.

\_\_\_\_\_ I agree that if I move, I will provide my new address to Sierra Tel Internet within 30 days.

\_\_\_\_\_ I understand that I am required to inform Sierra Tel Internet within 30 days if I no longer qualify for benefits under the ACP. This includes any of the following scenarios:

- (1) I, or the person in my household that qualifies, no longer receive benefits under the federal Lifeline Program;
- (2) I, or the person in my household, no longer receive benefits under other government programs that determine eligibility for the ACP benefit;
- (3) I, or someone else in my household, receives the ACP benefit from another service provider.

\_\_\_\_\_ I understand that the ACP benefit is limited to one discount per household and affirm that, to the best of my knowledge, my household is not receiving more than one ACP benefit.

\_\_\_\_\_ I agree that all 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 this information will be transmitted to the ACP Administrator and, if this information is not provided to the ACP Administrator, I will not be able to receive ACP benefits. If required by the laws of my state or Tribal government, 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 determine if I am eligible for the ACP benefit.

\_\_\_\_\_ All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.

\_\_\_\_\_ 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.

I acknowledge receipt of the disclosures above. I affirm that I am eligible to receive the ACP benefit and request that Sierra Tel Internet apply this benefit to my Internet service.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Contact Phone #

\_\_\_\_\_  
Customer Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Last 4 of SSN

\_\_\_\_\_  
Residential Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ST

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Customer Account Number

\_\_\_\_\_  
Customer Email Address