



**By signing this, I acknowledge and certify to the following:**

1. I agree that the Affordable Connectivity Program (ACP) is a government program that reduces the customer's broadband internet access service bill, and that my household will be subject to Community Cable and Broadband's undiscounted rates and general terms and conditions at the end of the program if I continue to receive such service.
2. I authorize Community Cable and Broadband to transmit the information I provided in my application for the ACP to the Universal Service Administration Company and the National Lifeline Accountability Database to verify my eligibility to enroll my household to receive benefits under the ACP.
3. I certify the information below is the same information I transmitted in my application for the ACP to the National Lifeline Eligibility Verifier to verify my eligibility to enroll my household to receive benefits under the ACP.

**a. First name:**

**b. Last name:**

**c. SSN4:**

**d. Birth date:**

**e. Application number:**

**f. Service address:**

**g. Billing address:**

**h. Phone number:**

**i. Email address:**

**j. Qualifying benefit: (Please circle one)**

- i. Medicaid
- ii. Supplemental Nutrition Assistance Program (SNAP)
- iii. Supplemental Security
- iv. Federal Public Housing Assistance
- v. Bureau of Indian Affairs General Assistance
- vi. Tribal Temporary Assistance for Needy Families (Tribal TANF)
- vii. Food Distribution Program on Indian Reservations (FDPIR)
- viii. Head Start
- ix. Eligibility Based on Income
- x. Veterans Pension or Survivors Pension
- xi. School Lunch/Breakfast Program
- xii. Federal Pell Grant
- xiii. Substantial Loss of Income
- xiv. Existing low-income program/COVID-19 program

- 4. I understand that my household may obtain broadband service supported by the ACP from any participating provider of its choosing.
- 5. I understand that my household may transfer its ACP benefit to another provider at any time.
- 6. I understand that only one ACP-supported service is permitted per household and certify that no other member of my household is receiving an ACP-supported service.
- 7. I certify that the information I provided in my application for the ACP-supported service from Community Cable and Broadband is true to the best of my knowledge.
- 8. I authorize Community Cable and Broadband to continue my services after the end of the ACP and understand that I will be subject to Community Cable and Broadband's undiscounted rates and general terms and conditions at the end of the program.  
\*\*\*The FCC requires us to obtain permission to continue to bill customers at the regular, undiscounted rates and terms and conditions after the end of the ACP. If you know you would like to stay on as customer after the end of the program, and do not wish to provide consent an additional time, please circle yes. If you do not wish to stay on as a customer, or you have not decided yet, please circle no.

YES	NO
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Signature

Date

X \_\_\_\_\_

X \_\_\_\_\_

**For office use only:** CBB Account #