\*\*Attention: Please DO NOT complete this form until the first two steps below are complete.\*\*

## CHECK ELIGIBILITY FOR AFFORDABLE CONNECTIVITY PROGRAM

- **STEP 1:** Verify Eligibility from https://acpbenefit.org (USAC National Verifier) by entering your information. **NOTE:** Take screenshots of your application at https://acpbenefit.org (USAC National Verifier). If Qualified, the information entered in the form below must match EXACTLY. You will be required to submit the application screenshots with this form.
- **STEP 2:** If Qualified, proceed with **STEP 3** and complete the form below. If NOT Qualified, then this process is complete and nothing else is needed from you.
- **STEP 3:** Take a screenshot of your qualified ACP Program Application ID. Next, submit the Application ID proof, the Application screenshots mentioned in **STEP 1,** and this completed form to CarolinaConnect at <a href="mailto:info@carolinaconnect.com">info@carolinaconnect.com</a>.

YOUR INFORMATION	CONTACT INFORMATION
Legal First Name  egal Middle Name (optional)  Legal Last Name	Phone Number  If you are a current CarolinaConnect customer, please provide your CarolinaConnect billing telephone number.
Date of Birth ///	Email Address
	If you are a current CarolinaConnect customer, please provide the email address associated with your account.
SERVICE ADDRESS	
Street AddressApt, Unit, etc. (if applicable)	BENEFIT QUALIFTING PERSON
City Zip Code	Do you qualify through your Yes
Is your mailing address the same as Yes your residential street address? No	Legal First Name  Legal Middle Name (optional)
If No, please enter mailing address below.	Legal Last Name
MAILING ADDRESS	Date of Birth / /
Street Address  Apt, Unit, etc. (optional)	Security Number
City Zip Code	

Continue form on following page...



## **IDENTITY VERIFICATION TERMS AND CONDITIONS** I agree to the Terms and Conditions below: Last 4 digits of your • ACP is a government program that reduces the Social Security Number \_ customer's broadband internet access service bill. • Household may obtain ACP-supported broadband service from any participating provider of its choosing. O Yes Did you use an additional form of ID verification on your Application? · Household may apply the benefit to any of the O No participating provider's broadband service offerings at the same terms available to households that are not eligible for ACP supported services. If yes, please select which one $\delta$ provide the information below. · Provider may disconnect the household's ACP-..... supported service after 90 consecutive days of non-O Drivers License # payment. O Military ID # • Household will be subject to the provider's O Passport # \_\_\_\_\_ O Tax ID # Other Gov't ID# ..... Email address used for verifier Application \_\_\_ https://consumercomplaints.fcc.gov.

undiscounted rates and general terms and conditions if the ACP ends, if the consumer transfers their benefit to another provider but continues to receive service from the current provider, or upon de-enrollment.

Household may file a complaint against its provider via the FCC's Consumer Complaint Center at

Once your submission is processed and credits applied, the credits will appear on your next bill.



1.800.375.9758 www.CarolinaConnect.com