

What is The FCC ACP Program?

The Affordable Connectivity Program (ACP) is a service based discount program federally funded through the Federal Communications Commission (FCC) which replaced the legacy Emergency Broadband Benefit Program (EBB Program). The ACP is designed to help low-income households afford internet service and purchase connected devices. The ACP was constructed by the FCC after the signing of the infrastructure bill on November 15, 2021 which added over \$14 billion to help establish a more permanent solution through the ACP.

Who is eligible for ACP Discounts?

A household is eligible if one member of the household meets at least one of the criteria below:

- Based on your household income. You can get ACP if your income is 200% or less than the Federal Poverty Guidelines. The guideline is based on your household size and state.
- If you or your child or dependent participate in certain government assistance programs such as SNAP, Medicaid, WIC, or other programs
- If you or your child or dependent already receives a Lifeline benefit

How do I apply for the discount?

Complete the application below and return it with proof of eligibility. Proof is received in the form of an authorization code after completing the following USAC ACP Application at this link: <https://www.getemergencybroadband.org/how-to-apply/>

- Link to USAC Application Process - https://www.checklifeline.org/lifeline/?id=nv_flow&ebbp=true
 - Application Important Steps –
 - When filling out the form be sure to click the option: “Yes, I qualify through my child or dependent.”
 - When asked what provider you are qualifying for, please choose - Heart of the Catskills Communication, Inc.
 - The online application will give the submitter an authorization code for each qualified submission which will need to be sent to MTC. A brief MTC provided application will need to be filled out in conjunction to the authorization code.

Do any restrictions apply?

Yes, restrictions do apply. The ACP discount is available for one broadband service per household; Applicants must be over 18 years of age, and cannot be claimed as a dependent on anyone’s tax return.

(Please Print)

Name: _____ **Qualifying**

Person’s Name (if different from Above): _____ **Street Address (No**

PO Boxes): _____ **Apt. #:** _____ **City:**

_____ **State:** _____ **Zip Code:** _____ The Above

Address is ___ Permanent ___ Temporary ___ Multi-Household (See Attached Multi-Household worksheet)

Billing Address (if different) : _____ **City:**

_____ **State:** _____ **Zip Code:** _____

Date of Birth: _____ **Social Security Number:** _____ - _____ - _____

Telephone Number (if available): _____

I/member of my household am/is now receiving assistance from the following programs (check all that apply to you - SEE NEXT PAGE FOR ELIGIBLE PROGRAMS:

Medicaid (MA)

Supplemental Nutritional Assistance Program (SNAP) F/K/A Foodstamps

Supplemental Security Income (SSI)

Federal Public Housing Assistance

Temporary Assistance for Needy Families/Safety Net

National School Lunch Program's free lunch program

Veterans Surviving Spouse Pension

Veterans Disabilities Pension

I am not receiving assistance for these programs, but I meet the financial eligibility requirements of 200% of the Federal Poverty Guidelines (FPG). I have individuals in my household.

You must provide documentation that you/member of your household subscribes to one of the above entitlement programs, or that you meet the income requirement.

I am acknowledging and consenting to pay for any uncollected past due charges either with a one-time payment or a payment plan discussed and agreed upon by myself and Margaretville Telephone Company and/or its affiliated companies if applicable to my account. I also agree to stay current with my monthly recurring charges and understand if I don't adhere to staying current with those charges, I am liable to have my services disconnected.

By signing below, you certify to the above initialed statements

Qualifying Person's Signature: _____ Date: _____
