

This guide identifies the documents you can submit to show that you qualify for the Affordable Connectivity Program (ACP).

- Please make sure all of your documents are current. We **<u>CANNOT</u>** accept expired documentation.
- Send copies or pictures of your original, valid document. **NEVER** send the original document.

If you applied to the ACP because your dependent is a Benefit Qualifying Person (BQP) (someone who participates in an ACP qualifying program), make sure all of the documents, such as a Medicaid benefit letter, Special Supplemental Nutrition Program for Women, Infants and Children (WIC) documentation, Community Eligibility Provision (CEP) school enrollment documentation, or proof of participation in the Free and Reduced Price School Lunch Program or School Breakfast Program have their name where appropriate.

Visit <u>AffordableConnectivity.gov</u> for more information on Documents Needed.

| Proof of Program or | Provide an official document to prove you participate in one of the qualifying programs OR to prove that you qualify based on your household income. | | | | | |
|------------------------|---|---|--|--|--|--|
| Income Eligibility | Option 1: If you participate in one of the qualifying programs below, provide a letter or official document as proof. | | | | | |
| | Check that your document has the following information: Your name, or your dependent's name The name of the qualifying program The name of the government or Tribal agency that issued the document An issued date within the last 12 months or a future expiration date | Qualifying programs: Medicaid Supplemental Nutrition Assistance Program (SNAP) Supplemental Security Income (SSI) Federal Public Housing Assistance (including Housing Choice Voucher (HCV) Program (Section 8 Vouchers), Project-Based Rental Assistance (PBRA)/202/811, Public Housing, and Affordable Housing Programs for American Indians, Alaska Natives or Native Hawaiians). Veterans Pension or Survivors Pension Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) If you live on Tribal lands, you may also qualify through: Bureau of Indian Affairs (BIA) General Assistance Tribally-Administered Temporary Assistance for Needy Families (TANF) Tribal Head Start Food Distribution Program on Indian Reservations | | | | |
| | Option 2: If you participate in one of the educ | for SNAP or Medicaid, screenshot of online portal, and Survivors Benefit Summary letter. cation-related qualifying programs below, provide a letter, | | | | |
| | official document, or screenshot as proof. | | | | | |
| | Check that your document has the following information: Your (or your dependent's) first and last name Name of the qualifying program (not required for Community Eligibility | Qualifying programs: Federal Pell Grant Free and Reduced-Price School Lunch Program or School Breakfast Program, including through the USDA Community Eligibility Provision (CEP) Examples of documents include: | | | | |
| | Provision) Name of the School or School district | • A letter from the school or school district that confirms a member of the household receives free and reduced price | | | | |

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Types of Documents Accepted for the Affordable Connectivity Program

| | A current award year (Pell Grant) | school lunch or se | chool breakfast f | for the cur | rent schoo | lvear | | | |
|-------------------------------|--|--|--|--------------------------------------|---|------------|--|--|--|
| | Dated for the current school year or the | school lunch or school breakfast for the current school year or school year immediately preceding the application, | | | | | | | |
| | school year immediately preceding the | - | | - | | | | | |
| | application (for school lunch or breakfast | For enrollment in a CEP school – School documentation demonstrating the student is enrolled in a CEP School for the relevant school school (ctudent school to the school schol school school school school school school school school sch | | | | | | | |
| | qualifying programs) | | | | | | | | |
| | | relevant school year (student must still be enrolled in the | | | the | | | | |
| | Address and contact information for the | CEP school at the time of the application), | | | | | | | |
| | school, school year for which the student | • For Federal Pell Grants, written confirmation from a | | | | | | | |
| | is enrolled (required for Community | student's school (college or university, community college, or career school) or the Department of Education that the student has received a Pell Grant for the current award year | | | | | | | |
| | Eligibility Provision) | | | | | | | | |
| | | | | | | - | | | |
| | Option 3: If you qualify through your income, provide documentation that shows your annual income and be sure to <i>include your household size on the income documentation</i> . | | | | | | | | |
| | Check that your document has the following | Household Size | | | | | | | |
| | information: | | & Territories | | | | | | |
| | ☐ Your name, or your dependent's name | 1 person | \$27,180 | \$33,980 | \$31,260 | | | | |
| | Current income information (monthly or | 2 people | \$36,620 | \$45,780 | \$42,120 | | | | |
| | annual income amount) | 3 people | \$46,060 | \$57,580 | \$52,980 | | | | |
| | ☐ If providing paystubs, 3 consecutive | 4 people | \$55,500 | \$69,380 | \$63,840 | | | | |
| | months of paystubs | For each additional | \$9,440 | \$11,800 | \$10,860 | | | | |
| | An issued date within the last 12 months | person, add | | | | | | | |
| | or prior year tax document | Examples of docum | | - | | eral, or | | | |
| | | Tribal tax return or a | a Social Security | Benefit St | atement | | | | |
| Proof of Valid | Provide one of the following: | | | | | | | | |
| Address | Map that shows your physical address or locat | tion including latitude | and longitude (| coordinate | s (coordin | atos aro | | | |
| Audress | | tion, metading tatitud | | conumate | 3 (00010111 | | | | |
| | required if you live on Tribal lands) Official document that shows your name and address, such as a Driver's License, valid government, state, or | | | | | | | | |
| | Tribal ID, utility bill excluding wireless phone l | | | | | | | | |
| | - | | ys), w-2 or tax re | cum, or m | Ji tgage of | lease | | | |
| One-Per- | Complete and Sign the ACP Household Worksheet | | | | | | | | |
| Household | | | | | | | | | |
| Worksheet | | | | | | | | | |
| Proof of Date | Provide a copy of an official, unexpired do | cument that has: | | | | | | | |
| of Birth | □ Your first and last name | | | | | | | | |
| of Birth | Your date of birth | | | | | | | | |
| | Examples include: | | | | | | | | |
| | Government, military, state, or Tribal ID Certificate of U.S. Citizenship or Naturalization | | | | | | | | |
| | Driver's License | Permanent Resident Card or Green Card | | | | | | | |
| | Birth Certificate | Permanent Resident Card of Green Card Government assistance program document | | | | | | | |
| | | - 00001111 | icine assistance p | n ogrann ut | Jeament | | | | |
| Droof of CCN/4 | | | r full Tribal ID y | with your | annlicatio | n | | | |
| Proof of SSN4 or Tribal ID | If you provided the last four digits of your Soci provide a copy of an official document that has | al Security Number o | or full Tribal ID v | vith your a | applicatio | n, | | | |
| | If you provided the last four digits of your Soci provide a copy of an official document that has | al Security Number o | r full Tribal ID v | vith your a | applicatio | n, | | | |
| | If you provided the last four digits of your Soci provide a copy of an official document that has Your first and last name | al Security Number o s: | | - | | | | | |
| | If you provided the last four digits of your Soci provide a copy of an official document that has | al Security Number o s: | | - | | | | | |
| | If you provided the last four digits of your Soci provide a copy of an official document that has Your first and last name The last 4 digits of your social security nu four digits of your SSN) | al Security Number o s: | | - | | | | | |
| | If you provided the last four digits of your Soci provide a copy of an official document that has Your first and last name The last 4 digits of your social security nu four digits of your SSN) Examples include: | al Security Number o s: mber or your full Trib; | al ID (please redc | act or mark | | | | | |
| | If you provided the last four digits of your Soci provide a copy of an official document that has Your first and last name The last 4 digits of your social security nu four digits of your SSN) Examples include: Social Security Card | al Security Number o s: mber or your full Trib; • Taxpaye | al ID <i>(please redc</i> r Identification D | act or mark | rout all bu | t the last | | | |
| | If you provided the last four digits of your Soci provide a copy of an official document that has Your first and last name The last 4 digits of your social security nu four digits of your SSN) Examples include: Social Security Card Prior year's tax return or W-2 | al Security Number o s: mber or your full Trib; • Taxpaye | al ID (please redc | act or mark | rout all bu | t the last | | | |
| | If you provided the last four digits of your Social provide a copy of an official document that has Your first and last name The last 4 digits of your social security nut four digits of your SSN) Examples include: Social Security Card Prior year's tax return or W-2 Government assistance program document | al Security Number o s: mber or your full Triba • Taxpaye • Unemplo | al ID <i>(please redc</i> r Identification D pyment/Worker's | act or mark Document s compens | out all but | t the last | | | |
| | If you provided the last four digits of your Soci provide a copy of an official document that has Your first and last name The last 4 digits of your social security nu four digits of your SSN) Examples include: Social Security Card Prior year's tax return or W-2 | al Security Number o s: mber or your full Triba • Taxpaye • Unemplo our Social Security Nu | al ID <i>(please redc</i> r Identification D pyment/Worker's Imber or full Tri | occument s compens | out all but ation state h your | t the last | | | |

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Types of Documents Accepted for the Affordable Connectivity Program

| Proof of Life | Document, or other Government ID from one of the lists above that includes your <u>first name, last name, and</u> <u>date of birth</u> to validate your identity. Note: An Individual Taxpayer Identification Number (ITIN) Document does not need to include date of birth. Provide copies of official documents to prove your identity <u>AND</u> to prove you are alive. | | | | | |
|-----------------------------------|--|-----|---|--|--|--|
| | Prove Your Identity* Provide one or more documents that confirm: Your first and last name Your date of birth The last 4 digits of your social security number or your full Tribal ID (<i>please redact or mark out all but the last four digits of your SSN</i>) Examples include: Government, military, state, or Tribal ID or Driver's License Government assistance program document Birth Certificate Social Security Card Prior year's tax return or W-2 | AND | Prove You Are Alive Provide one document that: Confirms your first and last name Shows life activity within the last 3 months Examples include: Government assistance program document Current utility bill Current mortgage or lease statement Current retirement/pension statement of benefits Current unemployment statement of benefits | | | |
| Proof of Emancipation Minor | *If you <u>did not</u> provide the last four digits of your Social Security Number or full Tribal ID with your application, provide a Driver's License, Military ID, Passport, Individual Taxpayer Identification Number (ITIN) Document, or other Government ID from the list above that includes your <u>first name, last name, and date of birth</u> to validate your identity. Note: An Individual Taxpayer Identification Number (ITIN) Document does not need to include date of birth. If you are an emancipated minor, provide a copy of: A court document or certificate that says you are an emancipated minor | | | | | |

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