



Affordable Connectivity Program

INCOMPLETE INFORMATION WILL DELAY ENROLLMENT TO THIS PROGRAM

To be completed after eligibility has been verified by the National Verifier

Full Name of FOCUS Account Holder (AH):		Name of Qualifying Person (QP) (if different):	
AH DOB:	AH last 4-digit SSN:	QP DOB:	QP last 4-digit SSN:
Service Address (If Address Confidentiality Program, do not complete this section):			
City:	State:	Zip:	
Billing Address (if different) (Address Confidentiality Program must complete this section):			
City:	State:	Zip:	
Home Telephone:		Email Address:	

- The Affordable Connectivity Program (ACP) is a government program that reduces the customer’s broadband internet access service bill.
- A household may obtain ACP-supported broadband service from any participating provider of its choosing.
- A household may apply the ACP benefit to any broadband service offering of the participating provider at the same terms available to households that are not eligible for ACP-supported service.
- A household may file a complaint against its provider via the Federal Communications Commission’s Consumer Complaint Center.

PLEASE READ AND INITIAL EACH STATEMENT

_____ If I currently receive the ACP benefit from another provider, I authorize my benefit to be transferred to my FOCUS Broadband account.

_____ I understand that if I transfer my ACP benefit to FOCUS Broadband, I will no longer receive the benefit from my previous provider.

_____ I understand that if I transfer my ACP benefit to FOCUS Broadband and I continue to maintain service with my previous provider that I may be subject to my previous providers undiscounted rates.

_____ I understand my household is limited to one ACP-transfer transaction per service month unless there is an error with a previous transfer.

_____ I understand FOCUS Broadband may disconnect my household’s ACP-supported service after 90 consecutive days of non-payment.

_____ I understand my household will be subject to FOCUS Broadband’s undiscounted rates and general terms and conditions if the program ends, or if I transfer my benefit to another provider but continue to receive service from FOCUS Broadband, or if I am de-enrolled from the ACP.

Account Holder’s Signature: _____ **Date** _____

FOCUS Broadband Representative: _____ **Date** _____

FOR FOCUS BROADBAND USE ONLY		
FOCUS Broadband Member #:	FOCUS Broadband Acct#:	
National Verifier Qual #:	Broadband Speed:	
FOCUS Broadband Service Order #:	Lifeline Customer?	YES OR NO
Comments:		

Complete this form and email it and any verification documents to: ACP@focusbroadband.com

Or print it and mail it to:

FOCUS Broadband, P.O. Box 3198, Shallotte, NC 28459

If you prefer to enroll in person, bring this form and your verification documents to any FOCUS Broadband location.