

**AFFORDABLE CONNECTIVITY PROGRAM
DISCLOSURES AND CUSTOMER CONSENT TO ENROLL**

The Affordable Connectivity Program (ACP) is a Federal Communications Commission (FCC) program that provides a discount on monthly broadband bills for qualifying low-income households. If you qualify, your household can receive a monthly ACP benefit of \$30 to cover the cost of your Internet service. If you live on qualifying Tribal lands, you may receive a discount of up to \$75. Customers may apply for the benefit at <https://acpbenefit.org/>. Once your application for the ACP benefit has been approved by the National Verifier, Lincoln County Telephone System can enroll you in the program and apply the benefit to your bill for Internet service.

This longer-term program was created by Congress and replaces the Emergency Broadband Benefit program.

Your household cannot get the ACP benefit from more than one service provider. You are only allowed to get one ACP benefit per household, **not per person**. If more than one person in your household participates in the ACP, you are breaking the FCC's rules and will lose your benefit.

If you are currently enrolled in the FCC's Lifeline program, you are eligible to participate in the Affordable Connectivity Program and do not have to submit a separate application to determine your eligibility for the ACP.

The ACP is separate from the FCC's Lifeline Program. If your household qualifies for both programs, you can apply for and receive both benefits. You may continue your existing Lifeline service without enrolling in the ACP.

You may choose to receive your ACP benefits from any broadband Internet access service provider participating in the ACP, and you may transfer your ACP benefits to another service provider at any time.

Please read and initial each statement below to confirm you understand and agree.

I agree, under penalty of perjury, to the following statements:

_____ For my household, I affirm and understand that the ACP is a federal government subsidy that reduces my broadband Internet access service bill. I understand that if my household no longer qualifies for the program, I will be subject to Lincoln County Telephone System's (LCTS) undiscounted general rates, terms and conditions as defined in the LCTS services and price guide located at www.lctsys.com, if my household continues to subscribe to the service.

_____ I currently receive federal Lifeline Program benefits on my service from LCTS

_____ I agree that if I move, I will provide my new address to LCTS within 30 days.

_____ I understand that I am required to inform LCTS within 30 days if I no longer qualify for benefits under the ACP. This includes any of the following scenarios:

- (1) I, or the person in my household that qualifies, no longer receive benefits under the federal Lifeline Program;
- (2) I, or the person in my household, no longer receive benefits under other government programs that determine eligibility for the ACP benefit;
- (3) I, or someone else in my household, receives the ACP benefit from another service provider.

_____ I understand that the ACP benefit is limited to one discount per household and affirm that, to the best of my knowledge, my household is not receiving more than one ACP benefit.

_____ I agree that all the information I provide on this form may be collected, used, shared, and retained for the purposes of applying for and/or receiving the ACP benefit. I understand that this information will be transmitted to the ACP Administrator and, if this information is not provided to the ACP Administrator, I will not be able to receive ACP benefits. If required by the laws of my state or Tribal government, I agree that the state or Tribal government may share information about my benefits for a qualifying program with the ACP Administrator. The information shared by the state or Tribal government will be used only to help determine if I am eligible for the ACP benefit.

_____ All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.

_____ I know that willingly giving false or fraudulent information to get ACP benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

_____ I have received approval for the Affordable Connectivity Program through the National Verifier. My application ID is: _____

I acknowledge receipt of the disclosures above. I affirm that I am eligible to receive the ACP benefit and request that Lincoln County Telephone System **apply this benefit to my Internet service.**

Customer Signature

Date of Signature

Customer Printed Name

ACP Application ID

Residential Address

City S ZIP
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Customer Account Number

Customer Email Address