

# Affordable Connectivity Program Household Worksheet



Universal Service  
Administrative Co.

## About the ACP

The ACP is a Federal Communications Commission (FCC) program that provides a monthly internet service and one-time connected device benefit from participating internet companies for qualifying low-income consumers.

## What this worksheet is for

Use this worksheet if someone else at your address gets the Affordable Connectivity Program (ACP) benefit. The answers to these questions will help you find out if there is more than one household at your address.

## What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other). Complete the ACP household worksheet to determine if more than one qualifying household is located at your address. If more than one person in your household participates in the ACP, you are breaking the FCC's rules and will lose your benefit.

### Examples of one household:

- A married couple who live together are one household. They must share one ACP benefit.
- A parent/guardian and child who live together are one household. They must share one ACP benefit.
- An adult who lives with friends or family who financially support him/her are one household. They must share one ACP benefit.

### Examples of more than one household:

- Four roommates who live together but do not share money are four households. They can have one ACP benefit each, four total.
- 30 seniors who live in an assisted-living home but do not share money are 30 households. They can have one ACP benefit each, 30 total.

## Household expenses

A household shares expenses. Household expenses include, but are not limited to, food, healthcare expenses, and the cost of renting or paying a mortgage on your place of residence and utilities.

## Income

Households share income. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.



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**All fields are required unless indicated. Use only CAPITALIZED LETTERS and black ink to fill out this form.**

[illegible]

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## Can you apply?

Follow this decision tree to confirm if you qualify for the ACP.

### 1. Do you live with another adult?

Adults are people who are 18 years old or older, or who are emancipated minors. This can include a spouse, domestic partner, parent, adult son or daughter, adult in your family, adult roommate, etc.

☐ Yes

*If yes, answer question 2*

☐ No

**You can apply for the ACP.** You live in a household that does not get the benefit yet. **Please initial** line **B** on page 4, **and sign** and date the worksheet.

☐ Check this box

### 2. Do they get the ACP benefit?

☐ Yes

*If yes, answer question 3*

☐ No

### 3. Do you share money (income and expenses) with them?

This can be the cost of bills, food, etc., and income. If you are married, you should check yes for this question.

☐ Yes

☐ No

**You can apply for the ACP.** You live at an address with more than one household and your household does not get the ACP benefit yet.

**Please initial** lines **A** and **B** on page 4, **and sign** and date the worksheet.

☐ Check this box

**You do not qualify for the ACP** because someone in your household already gets the benefit. You are only allowed to get one ACP benefit per household, not per person.

☐ Check this box

4. Please check the box that best describes the building where you live:

☐

Apartment building

☐

Single family home

☐

Residential facility (such as a nursing home or assisted living facility)

☐

Transitional housing or shelter

Other: (please describe) \_\_\_\_\_

5. If you live at a single family home where three or more economic households have applied for the ACP, please identify the number of individuals who reside at the address and the number of people in your economic household:

Number of people at address: \_\_\_\_\_ Number of people in your economic household: \_\_\_\_\_

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## Agreement

Please initial the agreement(s) that are required based on your responses from page 3, then sign and date this worksheet. Submit this worksheet with your Affordable Connectivity Program Application Form.

By providing a phone number, you consent to letting USAC contact you at that phone number via artificial or prerecorded voice message or text for important reminders and updates about your ACP benefit. For text messages, message and data rates may apply. Text STOP to end messages.

Initial

**A** 6. I live at an address with more than one household.

Initial

**B** 7. I understand that the one-per-household limit is a Federal Communications Commission (FCC) rule and I will lose my Affordable Connectivity Program benefit if I break this rule.

**8. Signature**

**9. Today's Date**

## Privacy Act Statement

**This Privacy Act Statement explains how we are going to use the personal information you are entering into this form.**

The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

**Authority:** 47 U.S.C. §254; 47 U.S.C. §1752; 47 CFR Part 54, Subparts E and R.

**Purpose:** We are collecting this personal information so we can verify your identity and that you qualify for the Lifeline program or similar programs that use income or consumer participation in certain government benefit programs as eligibility criteria, such as the Affordable Connectivity Program. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, and the Affordable Connectivity Program SORN, formerly known as the Emergency Broadband Benefit Program SORN, FCC/WCB-3, both available at <https://www.fcc.gov/managing-director/privacy-transparency/privacy-act-information#systems/>.

**Routine Uses:** We may share the personal information you enter into this form with other parties for specific purposes, such as:

- With contractors that help us operate the Lifeline program and similar programs that use income or consumer participation in certain government benefit programs as eligibility criteria, such as the Affordable Connectivity Program;
- With other federal and state government agencies and Tribal agencies that help us determine your Lifeline eligibility and eligibility for similar programs that use income or consumer participation in certain government benefit programs as eligibility criteria, such as the Affordable Connectivity Program;
- With the telecommunications companies and broadband providers that provide you Lifeline service and service under a similar program that uses income or consumer participation in certain federal benefit programs as eligibility criteria, such as the Affordable Connectivity Program;
- With other federal agencies or to other administrative or adjudicative bodies before which the FCC is authorized to appear;
- With appropriate agencies, entities, and persons when the FCC suspects or has confirmed that there has been a breach of information; and
- With law enforcement and other officials investigating potential violations of Lifeline and other program rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN and the Affordable Connectivity Program SORN (formerly known as the Emergency Broadband Benefit Program SORN) described in the "Purpose" paragraph of this statement.

**Disclosure:** You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. Part 54, Subpart E, or benefits under the Affordable Connectivity Program rules, 47 C.F.R. Part 54, Subpart R.