

# Broadline Affordable Connectivity Program Enrollment Application

Please use the information used to sign up for the ACP through the FCC. This form will take you step by step to easily enroll. If you get stuck at any time, or have questions, please call us at 855-552-2253 or email [ebhelp@wcloudus.com](mailto:ebhelp@wcloudus.com)

**Have you completed Prequalification and received your eligibility confirmation from the Universal Service Administrative Co? \***

YES

NO

**Customer Legal Name (THIS MUST EXACTLY match your qualification application you filled out with the Universal Service Administrative Co) \***

First Name

Last Name

**Last 4 of Social Security Number \***

**ACP Application ID provided by Lifeline/USAC when you applied \***

**Date of Birth \***



Month Day Year

**Email \***

**Phone Number (we may need to call you to complete signup) \***

Area Code

Phone Number

**Did you qualify under a child or dependent's name during the qualification process? (Also known**

**as the Benefit Qualifying person) \***

YES

NO

**Legal Name of the Benefit Qualifying Person (the child/dependents name used for qualification)**

First Name

Last Name

**Last 4 of the Benefit Qualifying Person's Social Security Number (application will be rejected if this does not match the qualifying person if different than account holder)**

**Date of Birth for the Benefit Qualifying Person (application will be rejected if this does not match the qualifying person if different than account holder)**



Month Day Year

**If you're an existing White Cloud Subscriber, what is your account number?**

**Service address (where you will receive service, if different than mailing - THIS MUST EXACTLY match your qualification application you filled out with the Universal Service Administrative Co)**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

## Authorization and Signature

Please answer the following questions to confirm your understanding of the program and to permit White Cloud to enroll you into the program on your behalf.

**I authorize White Cloud Communications US, LLC to transmit the information I provided in my application for the ACP above to the Universal Service Administrative Company (USAC) and the National Lifeline Accountability Database to ensure proper administration of the ACP, verify my**

**eligibility, and enroll my household to receive benefits from the FCC Affordable Connectivity Program. I understand that if I do not provide this consent that I will be denied the Affordable Connectivity Program. \***

Yes

No

**I understand this program is subject to government funds availability. It can be discontinued by the FCC when the funding of the ACP program is depleted. \***

Yes

No

**I understand that my household may obtain broadband service supported by the ACP from any participating provider of its choosing. \***

Yes

No

**I understand that my household may transfer its ACP benefit to another provider at any time. \***

Yes

No

**I agree that the Affordable Connectivity Program is a program that reduces the customers broadband internet access service bill and my household will be subject to White Cloud's non-discounted rates and general terms and conditions at the end of the program should I choose to continue receiving broadband service from White Cloud. \***

Yes

No

**I understand that if I wish to no longer participate in the ACP under White Cloud Communications, I must provide a request to remove my household from the ACP under White Cloud Communications. I can send an email to [customerservice@wcloudus.com](mailto:customerservice@wcloudus.com), I can mail a request to White Cloud Communications 150 Progress Way Owenton, KY 40359, or I can call 855-552-2253. \***

Yes

No

**I understand that only one ACP Supported service is permitted per household, and certify that no other member of my household is receiving an ACP Supported Service. \***

Yes

No

**I understand that applying for benefits do not guarantee my address is serviceable by White Cloud Communications and that certain bandwidth/service offerings from White Cloud Communications may not be available at my address. \***

Yes

No

**Do you wish to continue receiving services from White Cloud Communications when ACP ends? (Please note - Your decision on this question will NOT affect your eligibility to receive the Affordable Connectivity Program) \***

YES I wish to continue receiving service at White Cloud's published rates when the program ends. I will be responsible for charges related to the services, and understand that the rates will be different than the rates offered under ACP.

NO I do not wish to continue receiving service from White Cloud when ACP ends. I understand my service will be disconnected on the last day of the final month of ACP credit availability.