



## Affordable Connectivity Program (ACP) Opt-In Form

ACP Application ID Number: \_\_\_\_\_

Customer Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Eligible Qualifying Person within household other than Account Holder and date of birth(DOB):

\_\_\_\_\_ Last 4 SSN \_\_\_\_\_ DOB: \_\_\_\_\_

### **Please read and initial each of the following to participate in the ACP Program:**

\_\_\_\_\_ I hereby opt-in to the Affordable Connectivity Program (ACP).

\_\_\_\_\_ I acknowledge that I am aware of the eligibility requirements for the ACP Program.

\_\_\_\_\_ I acknowledge that the ACP Program is non-transferable and that the discount is limited to one ACP discount per household, and I further certify that no other member of my household is receiving an Affordable Connectivity Program under the ACP.

\_\_\_\_\_ I acknowledge that I have reviewed the available upload/download speeds for services offered by Citizens Telephone Cooperative (dba Citizens) for the ACP Program. (See our plans at <https://citizens.coop/internet/>)

\_\_\_\_\_ I acknowledge that the ACP Program is a temporary emergency federal government benefit program operated by the Federal Communications Commission and, upon the conclusion of the benefit, my household will be subject to Citizens' regular rates, terms, and conditions which is expected to be as shown on monthly bill without applied ACP discount should my household continue to subscribe to Citizens' broadband service or standard rate selected should I upgrade during the term of the ACP program.

\_\_\_\_\_ I consent to applying my ACP program benefit to the broadband Internet access service I receive from Citizens.

\_\_\_\_\_ I consent to Citizens disclosing and/or transmitting any information required to the program Administrator for my participation in the program including but not limited to my name, my dependent's name, date of birth, last 4 digits of social security number, address, telephone number, type of service, start date of service, termination of service date, ACP Program discount amount, eligible program, Lifeline Benefit, Linkup Service Date and Independent Economic Household certification date.

\_\_\_\_\_ I consent to Citizens verifying my household's broadband usage each month to enable Citizens to claim reimbursement for my program benefit each month.

\_\_\_\_\_ I acknowledge that if Citizens has a reasonable basis to believe that I am no longer eligible to receive the ACP benefit, I will receive a notification of impending termination of my ACP benefit and will have 30 days following the date of such notice to demonstrate continued eligibility.

\_\_\_\_\_ I acknowledge that I may obtain ACP-supported broadband service from any participating provider of my choosing and that I can transfer their Affordable Connectivity Program to another provider at any time.

\_\_\_\_\_ I acknowledge that if I cannot demonstrate eligibility, I will not be enrolled in the program and/or Citizens is required to disenroll me from the program.

\_\_\_\_\_ I acknowledge that I will not be required to pay early termination fees if I choose to terminate or modify my broadband service during my participation in the ACP, or upon receiving notice of the benefit ending.

\_\_\_\_\_ I acknowledge that my participation in the ACP does not relieve my obligations to adhere to Citizens' posted rates, terms and conditions, or other rules and regulations or tariffs that govern the services I receive.

\_\_\_\_\_ I acknowledge that the Affordable Connectivity Program will not be prorated for a partial month of service and may be less than the full benefit during the final month of the program when program funding is nearing depletion.

\_\_\_\_\_ I acknowledge that my internet service may be interrupted if my account is past due for 90 days or if my service is not used for 30 days.

\_\_\_\_\_ To file a complaint about the ACP program, the contact information is below:

- ACPSupport@usac.org
- (877) 384-2575

\_\_\_\_\_ I certify that: (1) I have confirmed my eligibility for the Affordable Connectivity Program through the National Verifier using: (check one)

- Lifeline
- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (FPHA)
- Gross household income at or below 200 percent of the Federal Poverty Guidelines
- WIC
- Free and Reduced Price School Lunch Program or School Breakfast Program
  - Name of School \_\_\_\_\_
- Pell Grant
  - Name of School \_\_\_\_\_
  -

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date



## Affordable Connectivity Program(ACP) Customer Disclosure

### 1. Purpose

Starting May 12, 2021, Citizens will begin offering eligible customers a discount on their broadband service as part of the Affordable Connectivity Program(ACP) through the FCC. The Affordable Connectivity Program(ACP) Program will provide a discount of up to \$50 per month for broadband services for eligible consumers. ***The Affordable Connectivity Programis temporary.*** It will expire when funds are exhausted. Participants receiving ACP will receive 15 days notice prior to the termination of the discount.

### 2. Eligibility

ACP Program determines eligibility by household. A household is defined as a group of people who live together and share income or expenses, whether related or not. If more than one household resides at an address, consumers can complete an Independent Economic Household worksheet to show eligibility for the ACP Program. If one member of the household is eligible, the household can receive ACP Program benefits. Households that are eligible for the ACP Program and Lifeline may apply for and receive both benefits.

In order to be eligible for the benefit customers or someone in their household must fall under one of these eligibility requirements:(check one)

- Lifeline Program
- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (FPHA)
- Gross household income at or below 135 percent of the Federal Poverty Guidelines
- Veterans and Survivors Pension Benefits
- Free and Reduced Price School Lunch Program or School Breakfast Program
- Pell Grant
- Substantial loss of income since February 29, 2020.



### 3. ACP Terms:

1. ACP is non-transferable and limited to one per household
  2. Subject to monetary monthly charges, 12-month contract, and conditions of Citizens' Internet service agreement. Contact Citizens' for full details.
  3. High Speed Internet monthly cost via variable delivery method based on premise location. Includes WiFi. Excludes Taxes and Fees.
  4. ACP is a temporary program, upon conclusion, regular rates, terms and conditions apply
  5. ACP can be obtained from any participating provider and transferred at any time
4. ACP internet service may be interrupted if my account is past due for 90 days or if my service is not used for 30 days.
5. To file a complaint about the ACP program, the contact information is below:
- [ACPSupport@usac.org](mailto:ACPSupport@usac.org)
  - (877) 384-2575

### 4. Announcement of End of ACP Program

Upon expiration of funding, Citizens will provide 15 days notice that the ACP Program is ending via email and/or customer bill notice. It is the customer's responsibility to make changes as necessary.

### 5. Final Notice

1. Service To Stop Without Opt-In Form: Citizens will terminate Internet service to the home without a signed Opt-In form upon the end of the ACP Program. Customer will be responsible for returning equipment or be subject to equipment charges. \$95 modem, \$25 surge protector.
2. 30 Day Notice - Before the end of the ACP Program, Citizens will notify the household of the upcoming increase to their monthly bill.

For more information about ACP, visit <https://acpbenefit.org/>.

### 6. Citizens Information:

1. Electronic billing required. This will be set up at time of Opt-In or by visiting: <https://citizens.coop/myaccount/>
  - a. View and Pay Bill Online
  - b. Request changes to Internet Service
  - c. Report a service issue
2. Street address: 220 Webbss Mill Road, Floyd, VA 24091
3. Local phone numbers: 540.745.2111 or 276.637.6485