



## Affordable Connectivity Program (ACP) Consent

I, \_\_\_\_\_, hereby provide my written consent that **THE COMMUNITY AGENCY (TCA)** can enroll me in the **Affordable Connectivity Program (ACP)**.

I am qualified for \_\_\_\_\_ **ACP Only** \_\_\_\_\_ **Lifeline and ACP** (CHECK ONE)

I understand the **ACP** is a government program that 1) began on December 31, 2021, 2) reduces my broadband internet access bill and 3) is temporary. The program may end once the funds are exhausted. Once the program ends, I understand that my monthly bill will revert to the full monthly charges less any discounts and plus any taxes and surcharges, based on the terms and conditions of my agreement with **TCA**.

**TCA** may disconnect my **ACP** supported service for non-payment of any past due charges associated with the supported service (calculated from the due date of the past due bill or invoice).

The **ACP** may end in the middle of the billing cycle resulting in less than the full monthly service credit for the final month of the program. If there is a partial benefit in the last month of the program, I understand I will be charged on the amount higher than what I would pay if the full **ACP** benefit were applied to my broadband bill.

I understand that I may obtain **ACP** support from any **ACP** participant and I can transfer my Affordable Connectivity Program benefit to another **ACP** participant at any time. I also understand that I am not able to transfer to another **ACP** participant more than once a month.

The **ACP** provides only one monthly discount on broadband service per household and a one-time benefit for an eligible connected device, if applicable. Continued participation in the **ACP** benefit requires that I remain eligible under the designated qualifying assistance programs or income threshold criteria. Continued participation is also subject to annual recertification to be conducted by the Universal Service Administrative Company (**USAC**).

The Federal Communications Commission (**FCC**) has made available a dedicated complaint process to address subscriber issues concerning **ACP** enrollment or participating provider provisioning of **ACP**-supported services. The **FCC**'s Consumer Complaint Center for **ACP** can be found at: <https://consumercomplaints.fcc.gov/hc/en-us>

Please consider your service options after the **ACP** has ended and indicate your choice:

### INITIAL ONE:

- I wish to continue my broadband service with **TCA** after the **ACP** has ended.
- I do not wish to continue my broadband service with **TCA** after the **ACP** has ended.
- I am aware that this **ACP** credit is for one service. If I apply for another type, this will auto cancel and bill back.

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

Print Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Date: \_\_\_\_\_