



CUSTOMER DATA SHEET FOR LIFELINE AND/OR ACP – FEBRUARY 2022

1. Which ENROLLMENT(S) is the customer seeking? If ACP, CERTIFICATION SHEET must be signed.

___ Lifeline ___ ACP ___ Lifeline and ACP

2. Is the customer seeking to TRANSFER their Lifeline or ACP benefit from another carrier? If so, the customer must provide their signature below:

___ No ___ Yes Signature: _____

3. What is the customer’s LIFELINE APPLICATION NUMBER, if any? : _____

4. What is the customer’s ACP APPLICATION NUMBER, if any? : _____

5. What is the customer’s NAME as used on the Lifeline/ACP Application approved by USAC?

6. List customer’s TELEPHONE NUMBERS:

LANDLINE: _____ MOBILE: _____

7. List customer’s DOB and SSN4:

DOB: _____ SSN4: _____

8. What is the customer’s PHYSICAL ADDRESS?

_____ MS _____
Number & Street, Unit City Zip

9. What is the customer’s MAILING ADDRESS? Leave blank if it is the same as physical address.

_____ MS _____
Post Office Box or Number & Street, Unit City Zip

10. What is the customer’s email address? _____

11. Did customer qualify through a child or another household dependent as a BENEFIT QUALIFYING PERSON? Supply the BQP’s data:

NAME: _____ DOB: _____ SSN4: _____

12. SERVICES. Mark which services the customer will have:

___ Voice only ___ Broadband only ___ Voice & Broadband