NTCNet (Affordable Connectivity Program) Application Enrollment Form):

*(Note: this form is completed after the consumer has applied and they have found they are eligible for the EBB Program using the National Verifier.)*

1. Application ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2: First and last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

4: Last 4 digits of Social Security # (as entered on the application) \_\_ \_\_ \_\_ \_\_

5. Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

6. Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Service Type: (*Please circle the entire component of the chosen package*.) Speed Package Internet w/Phone Internet Only Fiber – 250M/25M $59.95 N/A

Fiber – 350M/50M $75.95 $102.95

Fiber – 450M/100M $94.59 $132.95

Fiber - 30M/10M N/A $62.95

DSL - 10M/1M $76.95 N/A

DSL – 6M/1M $46.95 $76.95

Modem Rental $5.00 $5.00

9. Benefit Qualifying Person’s information & Plan they qualified under.

*(If applicable):*

First & Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PLAN: \_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4-digits of Social Security: \_\_ \_\_ \_\_ \_\_

10. School Name (If qualifying through the reduced-price lunch/breakfast)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY: ACP SAC: 815041**

**TRANSACTION TYPE: Circle one: Verify / Enroll / De-enroll / Transfer / Update**

**Service Initiation Date: (Date that the service provider determined that the subscriber was eligible for ACP.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Effective Date: (Date you sign customer up to enroll them.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**