

AmericanBroadband

Lifeline Program Enrollment Application

Lifeline and the Affordable Connectivity Program (ACP) are separate programs. Lifeline benefits may be combined with ACP benefits and applied to the same service plan. You may also apply Lifeline and ACP benefits to different service plans. You do not need to enroll in Lifeline in order to enroll in ACP and you do not need to enroll in ACP in order to enroll in Lifeline. You may choose to get Lifeline and ACP services from different service providers. You may transfer your Lifeline and ACP services to another provider subject to certain regulatory restrictions.

If you wish to enroll in the ACP with American Assistance, you may do so by using the separate ACP Enrollment Application.

Completion of this form is required. This form is used for the purpose of verifying your eligibility for and enrolling you in Lifeline benefits and an eligible American Assistance service plan and will not be used for any other purpose. Lifeline benefits are subject to verification of eligibility by American Assistance and the National Verifier.

Lifeline services are subject to availability and American Assistance's Terms and Conditions and Policies available at <https://www.AmericanAssistance.com>.

Personal Information:

First Name: _____
Middle Name: _____
Last Name: _____

DOB Month: _____ Day: _____ Year: _____ Last Four SSN (or Tribal ID#): _____

Residential Address (*May not be a PO Box*)

Street address: _____ Apt: _____ Unit _____

City: _____ State: _____ Zip Code: _____

This address is (*choose one*): ☒ Permanent ☐ Temporary

Billing Address (if different from Above) (*P.O. Box is permitted*)

Street address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Contact Number (if available): _____

Service activation and usage requirement:

American Assistance service is a prepaid service offered by the company to subscribers eligible for Lifeline discount benefits in states where it is authorized to do so. To maintain your service and benefits, you must personally activate the service by placing a call, initiating data usage, or by responding to instructions from American Assistance to activate the service. To keep your account active, you must use the service at least once during any 30-day period by completing an outbound call, sending a text message, using cellular data, purchasing additional service from American Assistance, answering an in-bound call from someone other than American Assistance, or by responding to a direct contact from American Assistance confirming that you want to continue receiving service from American Assistance. If your service goes unused for 30 days, you will no longer be eligible for Lifeline benefits and your service may be suspended (allowing only 911 calls and calls to the American Assistance's customer care center) subject to a 15-day cure period during which you must use the service (as described above) in order to fully re-activate your service, keep your telephone number and remain enrolled in Lifeline.

- ☒ I hereby certify that I have read and understood the disclosures listed above regarding activation and usage requirements.
- ☒ I am hereby informed that American Broadband and Telecommunications Company maintains a Compliance Hotline for public use. I understand that this hotline is available 24 hours a day by dialing 1-888-392-3001 from any phone, and that I may remain anonymous if I wish. I can use this service to report suspected Lifeline or ACP rule violations by any person representing themselves as associated with AMBT or its brand names. Compliance-related calls will be returned within one to two business days.

Lifeline Application, Disclosures, Authorizations and Certifications

Lifeline is a government benefit program operated by the Federal Communications Commission (FCC) that provides discounts on monthly broadband Internet access service and/or voice service. For more information about Lifeline and program eligibility requirements, call us at 1-877-266-7212 or visit <https://www.AmericanAssistance.com/lifeline> (<https://www.AmericanAssistance.com>).

Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the Lifeline program.

Only one Lifeline benefit is available per household. A household is not permitted to receive discounted Lifeline services from multiple providers. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in you being de-enrolled from the Lifeline program.

Lifeline discount benefits are not transferrable to other households or persons.

Eligibility for Lifeline is determined by the National Verifier and National Lifeline Accountability Database, administered by the Universal Service Administrative Company (USAC), or an alternative verification process approved by the FCC.

American Assistance's complete Terms and Conditions, including our Acceptable Use and Privacy Policies, apply and are available at <https://www.AmericanAssistance.com>.

- ☒ **I hereby certify that I have read and understood the disclosures listed above regarding Lifeline benefits and consent to enroll in Lifeline with American Assistance.**
- ☒ I authorize and give express consent for American Assistance and its contracted partners to contact me to validate my eligibility for, desire to participate in, or subscription to American Assistance's Lifeline offers and other products and services via email, telephone, or text messaging, including calls using an automated telephone dialing system, manually, or with pre-recorded/artificial voice messages. Text messaging and data rates may apply. Consent for emails, calls and texts is optional and can be revoked at any time by dialing 611 from my American Assistance provided wireless number or by calling 1-877-266-7212 and revoking consent. However, I understand that opting out will not affect American Assistance's ability to contact me with notices and messages regarding Lifeline and/or any other service or product via the methods listed herein. For more information see our Terms and Conditions and Privacy Policy at www.AmericanAssistance.com
- ☒ I acknowledge that I am providing the information I have included in this form to CGM, LLC and further authorize CGM, LLC to receive and use my information for enrollment verification and waste, fraud, and abuse mitigation purposes. I also authorize CGM to receive and use my historic Lifeline enrollment information for verification and waste, fraud, and abuse mitigation purposes.

Lifeline Eligibility Criteria and Electronically Initialed Certifications:

- ☒ Program eligibility: CalFresh, Food Stamps, or Supplemental Nutrition Assistance Program (SNAP) program

You must acknowledge each of the certifications below individually and under penalty of perjury:

- ☒ I meet the income-based or program-based eligibility criteria for Lifeline in FCC rule 47 C.F.R. § 54.409;
- ☒ I will notify American Assistance within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;
- ☒ If I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, I live on Tribal lands, as defined in FCC rule 47 C.F.R. 54.400(e);

- ☒ If I move to a new address, I will provide that new address to American Assistance within 30 days;
- ☒ My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service;
- ☒ The information contained in this certification form is true and correct to the best of my knowledge;
- ☒ I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and
- ☒ I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to FCC rule 47 C.F.R. § 54.405(e)(4).

One Lifeline service per household disclosures: Lifeline is a government assistance program and willfully making false statements to obtain a Lifeline benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline benefits are limited to a single line of service per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. A household may not receive multiple Lifeline discounts. You may apply your Lifeline discount to either one landline or one wireless number, but you cannot have the discount on both and you cannot receive Lifeline benefits from multiple providers. Note that not all Lifeline services are currently marketed under the name Lifeline. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person, including another eligible low-income consumer. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program, and potentially prosecution by the United States Government.

By signing below, to comply with federal and state government rules, I certify, under penalty of perjury, that:

- ☒ I understand that it is against the law to lie or leave out information on this application.
My household is qualified for the California LifeLine benefit.
My household will not be getting more than one California LifeLine benefit unless I have submitted proof that a member of my household is a TTY user.
I agree that all of the information I provide on this form may be collected, used, and retained for the purposes of applying for and/or getting California LifeLine Program benefits, and California LifeLine may share with any agencies as required.
The service address is my principal residence.
I am not claimed as a dependent on another person's tax return.
I understand the notification rules.
I must renew my benefit each year.
I understand that if I do not renew, I will lose the benefit.
The information in this form is true and correct.
I agree to tell my service provider or California LifeLine within 30 days if:
 - I change my mailing or home address, or
 - I no longer qualify for the California LifeLine benefit, or
 - My household gets more than one California LifeLine benefit because a member of my household is a TTY user.
 I understand and agree that I will be penalized if I do not follow these notification rules. Penalties can include losing the benefits, fines, being banned from California LifeLine, and prison.
I acknowledge and give my consent for the California Lifeline Administrator to share my information in this form to the Universal Service Administrative Company and/or its agents.
Legal Guardians or people with Power of Attorney are allowed to sign this form.
For California LifeLine wireless participants:
I consent to receive future SMS (text) messages from California LifeLine.
I understand that I can opt out of getting these text messages at any time because they are not needed to get the California LifeLine benefit.
I understand that California LifeLine uses text messages to share important reminders about the benefit.

Lifeline Benefit Transfer Consent:

A subscriber already enrolled in Lifeline with another provider must consent to the transfer of their Lifeline benefit to American Assistance.

The effect of a Lifeline benefit transfer is that your Lifeline benefit will be applied to American Assistance's Lifeline service and will no longer be applied to service retained from your former Lifeline service provider. You may be subject to your former Lifeline provider's undiscounted rates as a result of the transfer if you elect to maintain service from that provider.

- ☒ **After receiving and reviewing the foregoing required disclosures, I consent to and authorize American Assistance to transfer my current Lifeline benefit to American Assistance, if I am found to already be receiving a Lifeline discount benefit from another Lifeline provider.**
- ☒ By checking this box, I hereby certify, under penalty of perjury, that the information included in the foregoing applications and certifications is true and correct to the best of my knowledge.
- ☒ I consent to use of this electronic form. I understand I have the right to enroll in the service using non-electronic methods. I further understand that I have the right to withdraw this consent at any time prior to the activation of my service. American Assistance has advised me and I understand that I may request a paper copy of my contractual terms and associated fees or withdraw this consent by calling 1-877-266-7212.

Applicant's Signature: _____ Date: _____

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