

**EXCESS TELECOM
AFFORDABLE CONNECTIVITY PROGRAM
GOVERNMENT SPONSORED TABLETS**

ZIP CODE: _____

NAME EXACTLY LISTED ON ID: _____

ADDRESS WHERE AWARD LETTER RECEIVED: _____

LAST FOUR (4) DIGITS OF SOCIAL SECURITY: XXX – XX- _____

EMAIL ADDRESS: _____

CELL PHONE: _____

PLEASE CHECK GOVERNMENT BENEFIT RECEIVED:

SNAP _____ MEDICAID _____ WIC _____ FOOD STAMPS _____ SSI _____

FEDERAL PELL GRANT _____

FEDERAL PUBLIC HOUSING ASSISTANCE _____

VETERANS AND SURVIVORS PENSION _____

TRIBAL LAND RESIDENCE _____

SCHOOL LUNCH PROGRAM _____

SOCIAL SECURITY BENEFITS: _____

LOW INCOME HOUSEHOLD: _____

(income less than \$25,000 for one; 200% of the federal poverty line)

ANNUAL INCOME: _____ (household income is at or below 200% of federal poverty level)

NOTES

- Provide annual award letters noting income that the agency provides confirming benefits
- Recipient must have a cell phone as part of the verification process,
- Upon receipt, Tablet must be activated within two hours of receiving; otherwise, will have to call 800 customer number for assistance.
- No checks accepted; cash or credit cards for \$20.00 internet activation fee.