



CUSTOMER DATA SHEET FOR ACP AND LIFELINE

1. Which ENROLLMENT(S) are you requesting today?

Lifeline ACP [You may mark both if you are requesting two new enrollments today]

2. Are you seeking to TRANSFER your ACP or Lifeline benefit from another carrier to FTC?

[Mark NO or YES for both **Lifeline and ACP**. If you mark YES, you must provide your signature]

Lifeline: NO YES ACP : NO Yes

Signature: _____

3. What is your approved ACP APPLICATION NO. if any? **#B** _____

4. What is your approved LIFELINE APPLICATION NO. if any? : **#Q** _____

5. What is your NAME as used on the ACP or Lifeline Application approved by USAC?

6. List your TELEPHONE NUMBERS:

LANDLINE: _____ MOBILE: _____

7. List your Date Of Birth (DOB) and the last four digits of your Social Security Number (SSN4):

DOB: _____ SSN4: _____

8. What is your PHYSICAL ADDRESS?

_____ ^{MS} _____
Number & Street plus Unit, if any City State Zip

9. What is your MAILING ADDRESS? [Leave blank if this is the same as your physical address.]

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

10. What is your email address? _____

11. If you qualified through a child or another household dependent as a BENEFIT QUALIFYING PERSON, supply the BQP's data below. If not, leave blank.

NAME: _____ DOB: _____ SSN4: _____

12. SERVICES. Mark which services you will have with FTC:

Voice only Broadband only Voice & Broadband