



## 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 Arriva?

[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 Arriva:

Voice only       Broadband only       Voice & Broadband