EXCESS TELECOM
Authorized Vendor

ACP Enrollment Form

PERSONAL INFORMATION

Zip Code : ..... *address to which the customer's benefits are registered

Full Name : ..... *including the middle name

Date of Birth : ☐☐ / ☐☐ / ☐☐

Address : .....

Apartment number if applicable : .....

City : ..... **State :** .....

Last (4) digits of your Social Security Number : ☐☐☐☐

Email : .....

Cell Phone : .....

Who is the recipient of the benefits in your household?

Myself ☐ **Someone else in my household** ☐

*If it is someone else receiving the benefit, please fill out the following information for them.

Full Name : .....

Date of Birth : ☐☐ / ☐☐ / ☐☐

Last (4) digits of Social Security Number : ☐☐☐☐

GOVERNMENT BENEFITS RECEIVED:

SNAP ☐ **MEDICAID** ☐ **FEDERAL PELL GRANT** ☐ **FEDERAL PUBLIC HOUSING ASSISTANCE** ☐

WIC ☐ **SSI** ☐ **FOOD STAMPS** ☐ **VETERANS AND SURVIVORS PENSION** ☐

TRIBAL LAND RESIDENCE ☐

SOCIAL SECURITY BENEFITS: ☐
(income of $25,760 for one; 200% of the federal poverty line – see chart be low)

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

Applicant Signature

*$20 activation fee required
Contact : Iris.wtx@acpenroller.com

THANK YOU FOR REGISTRATION