



Dear Community Member,

The Global Economic Impact Group (GEIG) was established on the principles of providing economic and social impact to the community at large. It is our goal through the WHOOP Program, which is a federally funded program, to distribute Android tablet computers to individuals receiving any form of federal assistance. It is our goal through this program to distribute Android tablet computers and internet access to the community at no cost, with the intended goal to close the digital divide within underrepresented communities.

GEIG plans to distribute the tablets to non-profit entities and churches of all faiths. GEIG will donate \$2.00 per tablet to each organization distributing these tablets. It is the ultimate goal of GEIG to not only close the digital divide but connect communities and organizations to create positive educational programs and /or training opportunities and to share events or concerns that impact the community. Our hope is that the funding received from each tablet will be used to create positive information, training, and services for the community.

The potential outcomes in participating in this 'Community Benefits Program' include the following:

- Providing access to and closing the digital divide
- Providing a platform for the dissemination of positive information
- Providing internet connectivity throughout the community
- Providing economic resources to underserved or under-represented communities

If you have questions or would like more information regarding this program, please visit our website at [www.geig.net](http://www.geig.net) and click on the WHOOP tab. You may also reach us at (559) 475-6444. We look forward to partnering with you to achieve these goals and to connect and inform our communities.

Sincerely,

Randall Cooper, Chief Executive Officer  
Global Economic Impact Group

## Community Benefit Program

### Qualifying Participants

Snap Program/Food Stamps

Social Security

Medicaid

Section 8

Pell Grant

Indian Reserve

Veteran

Free and Reduced-Price School  
Lunch or Breakfast Program

**whoopconnect**  
Let's Get You Connected!

FREE TEXT + FREE TALK + FREE INTERNET + 15 GB of FREE DATA + QUALIFY IN MINUTES

**whoopconnect**

**FREE UNLIMITED TALK**  
**FREE UNLIMITED TEXT**  
**FREE 15GB OF DATA**  
**APPLY FOR ANDROID TABLET\***

**NO CONTRACTS!**  
**NO MONTHLY BILLS!**  
**NO CREDIT CHECK!!**

Services on one of America's Largest **4G LTE/5G Networks!**

**TO QUALIFY FOR THIS NO COST PROGRAM PARTICIPATE IN ONE OF THE FOLLOWING:**

- Snap Program/Food Stamps • Social Security
- Medicaid • Section 8
- Pell Grant • Indian Reserve • Veteran
- Free and Reduced-Price School Lunch or Breakfast Program

**ASK ABOUT OUR COMMUNITY ENRICHMENT PROGRAM FOR CHURCHES AND NON-PROFITS**





## ACP Student Application

### Rules

If you qualify, your household can receive a monthly Affordable Connectivity Program (ACP) your child will receive a tablet, or laptop with a copayment of \$0 and a monthly payment of \$0. Your household cannot get the ACP benefit from more than one company. You are only allowed to get one ACP benefit per household, not per person. **If there are additional qualified applicants under one household, please complete the Household Worksheet attached.** The Affordable Connectivity Program is separate from the FCC's Lifeline Program. If your household qualifies for both programs, you can apply for and receive both benefits.

### You may need to show other documents.

If the ACP Administrator is not able to validate that you or someone in your household qualify by checking available electronic resources (including eligibility databases for the FCC's government agency partners), you may need to provide additional documents. For example, you may need to provide an official document that proves your child's participation in the Reduced/Free Lunch Program. If additional documentation is required, an ACP agent will contact you using the information provided on the application.

#### What is the parent's full legal name?

The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First \_\_\_\_\_ Middle (optional) \_\_\_\_\_ Last \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

**\*\*Identity Verification. Please provide the last four digits of your SSN#.** \_\_\_\_\_

#### What is the home address? (The address where you will get service. Do not use a P.O. Box)

Street number and Street name \_\_\_\_\_

Apt., Unit, etc. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is this a temporary address? Yes \_\_\_\_\_ No \_\_\_\_\_

#### What is your mailing address? (Only fill this out if it is not the same as your home address.)

Street number and Street name \_\_\_\_\_

Apt., Unit, etc. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**What is the student's full legal name?**

First \_\_\_\_\_ Middle (optional) \_\_\_\_\_ Last \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Student's Email (optional) \_\_\_\_\_

**\*\*Identity Verification. Please provide the last four digits of students SSN#.** \_\_\_\_\_

## Qualify for the ACP

Fill out this section to show that you, your dependent, or someone in your household qualifies for the ACP. You can qualify through certain government assistance programs or through your income (you do not need to qualify through both).

### Qualify through a government program:

**The program that you or someone in your household has:**

Free and Reduced-Price School Lunch or Breakfast Program, or enrollment in a Community Eligibility Provision School. If you choose this program, please enter your school's name, school district and state.

School Name \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

## Agreement

**I agree, under penalty of perjury, with the following statements: *You must initial next to each statement. If you fail to initial each statement, your application will be considered incomplete.***

\_\_\_\_\_ By providing a phone number, you consent to letting USAC contact you at that phone number via artificial or prerecorded voice message or text for important reminders and updates about your ACP benefit. For text messages, message and data rates may apply. Text STOP to end messages.

\_\_\_\_\_ I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 200% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).

\_\_\_\_\_ I agree that if I move, I will give my service provider my new address within 30 days.

\_\_\_\_\_ I understand that I have to tell my service provider within 30 days if I do not qualify for the ACP anymore, including:

- 1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore.
- 2) Either I or someone in my household gets more than one ACP benefit.

\_\_\_\_\_ I know that my household can only get one ACP benefit, and, to the best of my knowledge, my household is not getting more than one ACP benefit. I understand that I can only receive one connected device (desktop, laptop, or tablet) through the ACP, even if I switch ACP companies.

\_\_\_\_\_ I agree that all of the information I provide on this form may be collected, used, shared, and retained for the purposes of applying for and/or receiving the ACP benefit. I understand that if this information is not provided to the Program Administrator, I will not be able to get ACP benefits. If the laws of my state or Tribal government require it, I agree that the state or Tribal government may share information about my benefits for a qualifying program with the ACP Administrator. The information shared by the state or Tribal government will be used only to help find out if I can get an ACP benefit.

\_\_\_\_\_ For my household, I affirm and understand that the ACP is a federal government subsidy that reduces my broadband internet access service bill and at the conclusion of the program, my household will be subject to the company's undiscounted general rates, terms, and conditions if my household chooses to continue to subscribe to the service.

\_\_\_\_\_ For my household, I affirm and understand that the ACP is a federal government subsidy that reduces my broadband internet access service bill and at the conclusion of the program, my household will be subject to the company's undiscounted general rates, terms, and conditions if my household continues to subscribe to the service.

\_\_\_\_\_ All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.

\_\_\_\_\_ I know that willingly giving false or fraudulent information to get ACP benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

\_\_\_\_\_ The ACP Administrator or my service provider may have to check whether I still qualify at any time. If I need to recertify my ACP benefit, I understand that I have to respond by the deadline or I will be removed from the Affordable Connectivity Program and my ACP benefit will stop.

I was truthful about whether I am a resident of Tribal lands, as defined in the "Your Information" section of this form.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_



## ACP Adult Application

### Rules

If you qualify, your household can receive a monthly Affordable Connectivity Program (ACP) you will receive a tablet, or laptop with a copayment of \$0 and a monthly payment of \$0. Your household cannot get the ACP benefit from more than one company. You are only allowed to get one ACP benefit per household, not per person. **If there are additional qualified applicants under one household, please complete the Household Worksheet attached.**

The Affordable Connectivity Program is separate from the FCC's Lifeline Program. If your household qualifies for both programs, you can apply for and receive both benefits.

### You may need to show other documents.

If the ACP Administrator is not able to validate that you or someone in your household qualify by checking available electronic resources (including eligibility databases for the FCC's government agency partners), you may need to provide additional documents.

For example, you may need to provide an official document that proves your child's participation in the Reduced/Free Lunch Program. If additional documentation is required, an ACP agent will contact you using the information provided on the application.

#### What is your full legal name?

The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First \_\_\_\_\_ Middle (optional) \_\_\_\_\_ Last \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Do you or anyone in your household currently receive ACP benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

If marked yes, please answer the following: Is the person yourself? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, do you and this person share household expenses? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*Identity Verification. Please provide the last four digits of your SSN#.** \_\_\_\_\_

**What is the home address?** (The address where you will get service. Do not use a P.O. Box)

Street number and Street name \_\_\_\_\_

Apt., Unit, etc. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Is this a temporary address?** Yes \_\_\_\_\_ No \_\_\_\_\_

**What is your mailing address? (Only fill this out if it is not the same as your home address.)**

Street number and Street name \_\_\_\_\_

Apt., Unit, etc. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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*If the qualifying applicant is under the age of 18, enter their information below:*

**What is your full legal name?**

First \_\_\_\_\_ Middle (optional) \_\_\_\_\_ Last \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Student's Email (optional) \_\_\_\_\_

**\*\*Identity Verification. Please provide the last four digits of students SSN#.** \_\_\_\_\_

## Qualify for the ACP

Fill out this section to show that you, your dependent, or someone in your household qualifies for the ACP. You can qualify through certain government assistance programs or through your income (you do not need to qualify through both).

**Please select the government program you currently participate in**

- Social Security
- Snap Program/Food Stamps
- Medicaid
- Section 8
- Pell Grant (enter school name/state below)
- Indian Reserve
- Veteran
- Free and Reduced-Price School Lunch or Breakfast Program  
(Enter school name /district/state below)

School Name \_\_\_\_\_ District \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_





# Agreement

**I agree, under penalty of perjury, with the following statements: *You must initial next to each statement. If you fail to initial each statement, your application will be considered incomplete.***

\_\_\_\_\_ By providing a phone number, you consent to letting USAC contact you at that phone number via artificial or prerecorded voice message or text for important reminders and updates about your ACP benefit. For text messages, message and data rates may apply. Text STOP to end messages.

\_\_\_\_\_ I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 200% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).

\_\_\_\_\_ I agree that if I move, I will give my service provider my new address within 30 days.

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\_\_\_\_\_ All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.

\_\_\_\_\_ I know that willingly giving false or fraudulent information to get ACP benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

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I was truthful about whether I am a resident of Tribal lands, as defined in the "Your Information" section of this form.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_