

# PLWC Emergency Broadband Benefit Enrollment Form

*\*Customers must first apply for eligibility at [www.getemergencybroadband.org](http://www.getemergencybroadband.org)*

*\*Information below must match the information entered at [www.getemergencybroadband.org](http://www.getemergencybroadband.org) or your approval for funds may be delayed.*

Application ID: \_\_\_\_\_ (from your online enrollment account)

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last 4 digits of SSN#: \_\_\_\_\_

Did you use your DL # for the online application?  YES  NO

Service Address: \_\_\_\_\_

Mailing Address(If different): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Service Type:  Fiber  RF

If you qualify for the EBB program because of another person in your household please provide the following.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 digits of SSN# \_\_\_\_\_

School Name if qualifying through free and reduced lunch provision:

\_\_\_\_\_

The undersigned hereafter "I" do hereby agree with the following items regarding the Federal Emergency Broadband Benefit Program "EBB".

The EBB program will give a credit of up to \$50.00 off qualifying monthly broadband charges to eligible households, the actual amount is subject to program terms.

I hereby understand that the Emergency Broadband Benefit program is a government program administered by the Universal Service Administrative Company. ("USAC")

I hereby understand that Paragould Light Water and Cable ("PLWC") does not make decisions with regards to a household's eligibility in the EBB program, each household must qualify at the following website [www.getemergencybroadband.org](http://www.getemergencybroadband.org). If the household's application is successful, PLWC can then enroll consumers into the EBB program.

I hereby understand the EBB program is voluntary in nature and I hereby give my consent for PLWC to share my household's information to check eligibility against the USAC database, and if successful enroll my household into the EBB program.

I hereby understand the EBB program is a temporary program and will cease when funding runs out or 6 months after the Department of Health and Human Services of the United States declares an end to the Covid-19 emergency whichever comes first.

I hereby understand If the applicant already has established service before enrollment in the EBB program, PLWC will automatically remove the monthly credit when the EBB program has ceased.

I hereby understand If I am establishing new service with PLWC through the EBB program, the applicant will be subject to PLWC's undiscounted rates and general terms and conditions at the end of the program. PLWC will discontinue broadband services automatically at the conclusion of the EBB program for customers who established a new broadband service with PLWC through the EBB program. If the applicant wishes to continue service at PLWC's undiscounted rates, they hereby agree to establish new broadband services with PLWC at the time the EBB program ends.

The applicant hereby understands that their household may obtain broadband service supported by the EBB from any participating provider of their choosing, and that they may transfer their EBB program benefit to another provider at any time.

Signed

\_\_\_\_\_ Date: \_\_\_\_\_

Printed Name

\_\_\_\_\_