



EMERGENCY BROADBAND BENEFIT PROGRAM REGISTRATION FORM*

IMPORTANT: Please complete the form with the EXACT information as you submitted to Lifeline for approval.

Application ID (example - B11111-11111):

Phone number used to apply for EBB:

Last Name used to apply for EBB:

First name used to apply for EBB:

Middle name used to apply for EBB:

Phone number (this can be different than what was used to apply):

Last 4 Social Security Number used at application:

Date of birth (mmddyyyy):

Primary address 1:

Primary address 2:

Primary city:

Primary state:

Primary zip:

Mailing address 1:

Mailing address 2:

Mailing city:

Mailing state:

Mailing zip:

Benefit qualified person (BQP) last name:

BQP first name:

BQP middle name:

Last 4 of BQP social security number:

Municipal Services account number xxxxxx-xxxxxx:

Email Address:

School Name:

Please check the box(es) that apply to your situation**:

- SNAP (Supplemental Nutrition Assistance Program) or Food Stamps
Medicaid
Supplemental Security Income (SSI)
Federal Public Housing Assistance
Veterans Pension and Survivors Benefit Programs
Federal Pell Grant in the current award year
Free and Reduced Price School Lunch Program OR School Breakfast Program in the 2019-2020 or 2020-2021 school year
Experienced a substantial loss of income since February 29, 2020
Tribal Specific Program (only choose if you live on Tribal lands)
Do not participate in one of these programs, and want to qualify through income
Are not in any of the programs, but child or dependent is in one of these programs

*This is for informational purposes used to register for the Emergency Broadband Benefit Program through Wyandotte Cable.

** You may be asked to submit forms about the programs selected.