FREE TABLET: Application Form (Housing Opportunity for Women)

IMPORTANT: Please read before completing the form.

To be eligible, please make sure that **your family** participates in one of the programs listed below.

PLEASE NOTE THE FOLLOWING:

1. There is a **ONE TABLET Limit** per household.
2. You must be **18 years old or older to complete this form**.
3. To be eligible, **you/your family member MUST** be PARTICIPATING in one of the Programs listed below in order to receive a FREE Tablet + 12 months of data service included.
4. Once your information is submitted, there is a **verification process that the FCC** (Federal Communications Commission) will complete **to confirm your eligibility, identity, and address in order to receive a free tablet**.
5. **PARENTS applying for their child under 18 years old**: You will need to include (A) **Yours and Your Child's last 4 of your SS#**, and (B) **Yours and Your Child's Date of Birth** to participate in the program.
6. Your Organization's Order will be processed after EVERY MEMBER of your group **has completed a form**.

Federal Assistance Programs

- Free and Reduced Price School Lunch or Breakfast Program
- Social Security Income (for applicants over 65+ only)
- Medicaid / Medicare
- Food Stamps/Supplemental Nutrition Assistance Program (SNAP)
- Eligibility Based on Income (***required to submit proof of income***)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Veterans Pension or Survivors Pension
- Federal Public Housing Assistance (FPHA) [including Housing Choice Voucher (HCV) Program, Section 8 Vouchers, Project-Based Rental Assistance (PBRA)/202/811]
- Federal Pell Grant Recipients (*freshmen* will be ***required to submit grant letter***)

Tribal Assistance Programs

- Any of the federal assistance programs listed above
- Bureau of Indian Affairs General Assistance
- Head Start (only households meeting the income qualifying standard)
- Tribal Temporary Assistance for Needy Families (Tribal TANF)
- Food Distribution Program on Indian Reservations

QUESTIONS?
Please contact our team at freetablets@dreamhustlecode.com

To participate in our FREE Tablet program, you must not be in the ACP Program. *

I confirm the following: **I am currently NOT in the FCC Affordable Connectivity Program (ACP)**

- (●) I am NOT in the ACP
- ( ) I am already enrolled in the ACP

Personal Information

First Name *

Debra

Last Name *

Brown

Email Address *

IMPORTANT: Please make sure to type your correct email address because this is where your approval will be sent.

debrabrown701@gmail.com

Phone Number - please list the best working number for us to reach you in case there are issues with your form *

Please include NUMBERS ONLY [no symbols like parenthesis ( ) or dash -]

3129561543

What is your **Home Address**? *

Address you listed to sign up for Government or Tribal Programs.

DO NOT use a P.O. Box

737 S Emerald Avenue

Apt, Unit, etc.

APT 1A

City *

Chicago

State or Territory *

Illinois

Zip Code *

60620

Your Date of Birth *

MM DD YYYY

11 / 15 / 1969

Last 4 Digits of your SS # *

Please enter the LAST 4 of your Social Security Number (i.e, 8377)

2132

Are you **applying for your child who is UNDER 18 years old** and who qualifies because they participate in one of the qualifying programs? *

If yes, you will need to **include their SSN and Date of Birth**.

IMPORTANT: You can only apply for **ONE CHILD.** There is a ONE **TABLET LIMIT PER HOUSEHOLD**.

If you apply for your child, you CANNOT APPLY FOR YOURSELF.

- ( ) Yes
- (•) No

PARENTS APPLYING ON BEHALF OF THEIR CHILD

If you are applying for your CHILD who is under 18 years old, you will need to provide:

- Their full legal name **NO NICKNAMES** (the name on official documents - i.e., Social Security Card)
- Their Date of Birth
- Last 4 Digits of their SS # (identity verification)

Child's First Name *

Child's Last Name *

Child's Date of Birth *

MM DD YYYY

/ /

Last 4 Digits of your Child's SS # *

Please enter the LAST 4 of Your Child's Social Security Number (i.e, 8377)

IMPORTANT: Please enter your full name (**FIRST and LAST NAME**) to agree to the information mentioned below. *

A parent or legal guardian of the student must complete this portion.
This section acts as an electronic signature and is legally binding. By entering your full name, you agree to the following:

YES, I give permission for my child to get a free tablet from the school or organization that he or she attends or is part of. In consideration for the privilege of my child using the device, I hereby release the school district, its operators, and any institution with which they are affiliated from any and all claims and damages of any nature arising from my child's use, or inability to use, the system, including, without limitations, the types of damage identified in the school and district acceptable use policy(s) and administrative guidelines.

IMPORTANT:
Replacement student tablet is $200 and charger is $15

Untitled Section

For your child to receive a FREE tablet, **they MUST be participating in one of the following programs.** *

Please select the appropriate program:

- ◯ Federal Assistance Programs
- ◯ Tribal Assistance Programs

Federal or Tribal Assistance Programs

To receive a FREE tablet, **you MUST be participating in one of the following programs.** *

Please select the appropriate program:

- (●) Federal Assistance Programs
- ( ) Tribal Assistance Programs

Federal Assistance Programs Your Child Participates in

My child participates in one of the following Federal Assistance Programs *

Please select from one of the groups below

- ( ) Free and Reduced Price School Lunch or Breakfast Program
- ( ) Medicaid
- ( ) Food Stamps/Supplemental Nutrition Assistance Program (SNAP)
- ( ) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Tribal Assistance Programs Your Child Participates in

My child participates in one of the following Tribal Assistance Programs *

Please select from one of the groups below

- ( ) Free and Reduced Price School Lunch or Breakfast Program
- ( ) Medicaid
- ( ) Food Stamps/Supplemental Nutrition Assistance Program (SNAP)
- ( ) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

FEDERAL ASSISTANCE PROGRAMS

I currently participate in of one of these Federal Assistance Programs *

Please select from one of the groups below

- ( ) Social Security Income (for applicants over 65+ only)
- ( ) Medicaid
- (•) Food Stamps/Supplemental Nutrition Assistance Program (SNAP)
- ( ) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ( ) Eligibility Based on Income
- ( ) Veterans Pension or Survivors Pension
- ( ) Federal Public Housing Assistance (FPHA) [including Housing Choice Voucher (HCV) Program (Section 8 Vouchers), Project-Based Rental Assistance (PBRA)/202/811, Public Housing, and Affordable Housing Programs]
- ( ) Federal Pell Grant Recipient

TRIBAL ASSISTANCE PROGRAMS

I currently participate in of one of these Tribal Assistance Programs *

Please select from one of the groups below

- ◯ Social Security Income (for applicants over 65+ only)
- ◯ Medicaid
- ◯ Food Stamps/Supplemental Nutrition Assistance Program (SNAP)
- ◯ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ◯ Eligibility Based on Income
- ◯ Veterans Pension or Survivors Pension
- ◯ Federal Public Housing Assistance (FPHA) [including Public Housing, and Affordable Housing Programs]
- ◯ Pell Grant Recipient
- ◯ Bureau of Indian Affairs General Assistance
- ◯ Head Start (only households meeting the income qualifying standard)
- ◯ Tribal Temporary Assistance for Needy Families (Tribal TANF)
- ◯ Food Distribution Program on Indian Reservations

FEDERAL PELL GRANT RECIPIENTS

Please select your grade level in college or university. *

If a student is a **Freshman,** you will need to submit a copy of your Pell Grant Letter (or your financial aid letter to confirm your Pell Grant Status).

- ◯ I am currently a FRESHMAN
- ◯ I am a SOPHOMORE, JUNIOR or SENIOR

Name of the College or University you currently attend *

FRESHMEN - FEDERAL PELL GRANT RECIPIENTS

All FRESHMEN must submit a copy of your **Federal Pell Grant Letter** (or your **financial aid letter to confirm your Pell Grant Status**).

IMPORTANT: Please send your ***Pell Grant Letter*** via email to our team: **freetablets@dreamhustlecode.com**

[IMPORTANT] Please enter your full name (FIRST and LAST NAME) to agree to the following: *

I give permission for the educational institution that I am attending to confirm my eligibility as a **Federal Pell Grant Recipient** since this is my Freshman Year.

INCOME BASED ELIGIBILITY

You are eligible for the ACP FREE Tablet Program if your **income is 200% or less than the Federal Poverty Guidelines** (see the table below).

The guideline is based on your household size and state.

The table below reflects the income limit by household size, which is 200% of the 2022 Federal Poverty Guidelines

Household Size	48 Contiguous States, D.C., and Territories	Alaska	Hawaii
1	$27,180	$33,980	$31,260
2	$36,620	$45,780	$42,120
3	$46,060	$57,580	$52,980
4	$55,500	$69,380	$63,840
5	$64,940	$81,180	$74,700
6	$74,380	$92,980	$85,560
7	$83,820	$104,780	$96,420
8	$93,260	$116,580	$107,280
For each additional person, add:	$9,440	$11,800	$10,860

You must submit **ONE** of the following that shows that your earnings are below the guidelines set below:

- Current income statement or 3 pay stubs in a row
- Previous years state, federal or tribal tax return
- Social Security Statement of benefits
- Veterans Administration statement of benefits
- Unemployment or Workers Compensation statement of benefits
- Divorce decree or child support award
- Other official documents containing income verification

IMPORTANT: Please submit one of the documents listed above via email to: **freetablets@dreamhustlecode.com**

I confirm that I, OR my child, currently participates in one of these programs as stated earlier in my response: *

Federal Assistance Programs
- Free and Reduced Price School Lunch or Breakfast Program
- Social Security Income (for applicants over 65+ only)
- Medicaid
- Food Stamps/Supplemental Nutrition Assistance Program (SNAP)
- Eligibility Based on Income
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Veterans Pension or Survivors Pension
- Federal Public Housing Assistance
- Federal Pell Grant Recipient

Tribal Assistance Programs
- Any of the federal assistance programs listed above
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- Head Start (only households meeting the income qualifying standard)
- Tribal Temporary Assistance for Needy Families (Tribal TANF)
- Food Distribution Program on Indian Reservations

◉ YES

COMMENTS

IMPORTANT NOTE: When you apply to the **Affordable Connectivity Program (ACP)** benefit, you may need to provide additional information or documentation if the FCC cannot confirm your eligibility, identity, or address. We will contact you to let you know if we need additional information to confirm your eligibility.

If you answered, "**I am already enrolled in the ACP**," unfortunately you will not be able to participate since you are already part of Affordable Connectivity Program.

This form was created inside of Dream Hustle Code.

Google Forms