



690 Wilshire Place, Los Angeles, CA 90005
T. 213-368-2679

Date: _____

Customer Information

First Name: _____ Last Name : _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Mobile / Home / Work (circle one)

Preferred Language (circle one): English / Korean / Spanish

Email (optional): _____

Referral Source: _____

Please check the following if it applies to you:

- () I am a first time Internet Subscriber.
- () I currently have Internet Service from another provider: _____
- () I am enrolled in CalFresh.
- () I am enrolled in the Lifeline program.
- () I am eligible for Medicaid/Medi-Cal.

Please submit this form to Happy Village via mail(690 Wilshire Place, Los Angeles, CA 90005) or fax 213-368-3701