

NORTHAMPTON SENIOR CITIZEN DISCOUNT FORM

Comcast offers a \$2.00 discount on the Standard Cable level of service

NAME _____

ADDRESS _____

PHONE # _____

ACCOUNT# _____

PLEASE PROVIDE PROOF OF ELIGIBILITY - one item from each lettered box (A, B & C)

A	B	C	C
67 years of age <input type="checkbox"/> copy of MA drivers license <input type="checkbox"/> copy of birth certificate	Head of Household <input type="checkbox"/> copy of utility bill <input type="checkbox"/> copy of tax bill	Medicaid Eligible SSI Eligible <input type="checkbox"/> copy of Mass Health card 	Senior Citizens receiving fuel assistance benefits <input type="checkbox"/> copy of fuel assistance benefit certificate or receipt
	+	+	OR

The undersigned hereby states that he/she is a "Head of Household" and age sixty-seven (67) or older who is also Medicaid or SSI eligible or receiving Massachusetts fuel assistance.

SIGNED _____

DATE _____

PLEASE RETURN ONE COPY TO:
**Comcast
ECR/Billing and Research
90 Phoenix Ave
Enfield, CT. 06082**

For office use only

effective date _____ representative's initials _____