

# MILLIS SENIOR CITIZEN DISCOUNT FORM

Comcast offers a 5% discount on the Standard Cable level of service

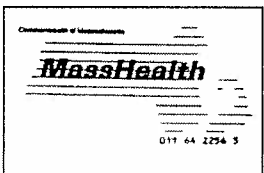
NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

ACCOUNT# \_\_\_\_\_

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

<b>A</b>		<b>B</b>		<b>C</b>		<b>C</b>		<b>C</b>
<b>65 years of age</b> <input type="checkbox"/> copy of MA drivers license <input type="checkbox"/> copy of birth certificate	+	<b>Head of Household</b> <input type="checkbox"/> copy of utility bill <input type="checkbox"/> copy of tax bill	+	<b>Medicaid Eligible SSI Eligible</b> <input type="checkbox"/> copy of Mass Health Card 	<b>OR</b>	<b>Real Estate Abatement</b> <input type="checkbox"/> copy of property tax abatement	<b>OR</b>	<b>Low Income</b> <input type="checkbox"/> copy of AFDC card <input type="checkbox"/> copy of welfare ID card

The undersigned hereby states that he/she is a "Head of Household" and age 65 or older who are either Medicaid eligible and/or meet the criteria for an elderly abatement from property taxes; and/or who meets specific income requirements.

**SIGNED** \_\_\_\_\_

**DATE** \_\_\_\_\_

PLEASE RETURN ONE COPY TO:

**Comcast  
Box 6505  
Chelmsford, MA 01824-0905  
ATTN: Senior Discount Dept.**

*For office use only*

effective date \_\_\_\_\_ representative's initials \_\_\_\_\_