

State of New Jersey

County of _____

Social Security # _____ - _____ - _____

Affidavit of Eligibility for Senior Citizen Cable Television Rate

The undersigned, of full age, being duly sworn according to law and oath, depose and say:

1) I _____ reside at

_____ Street Address City State Zip

2) I am at least 62 years of age.

3) There is not more than one person under the age of 62 residing at the above address with me.

4) I am a permanent resident of New Jersey.

5) I am (check one)

_____ (a) Single, with an Income of less than \$20,989 per year including Social Security Income benefits.

_____ (b) Married, with a combined Income of less than \$25,735 per year, including Social Security benefits.

6) I certify that the foregoing statements made by me are true. I am aware that, if any of the foregoing statements made by me are willfully false, I am subject to penalty to extent allowed by law.

Signature

Account #

Please attach a copy of current PAAD Card (Pharmaceutical Assistance for the Aged and Disabled). If you cannot provide a copy of the above mentioned item, please have this document notarized.

Sworn and subscribed before me this _____ day of _____
Month Year

Notary

*****Participants of Seasonal Plans are not eligible*****

The discounted rate is 10% off Limited Basic Service (Antenna Service)

Mail completed form to:

Comcast

Attn: Revenue Assurance Dept.

401 White Horse Road, Suite 2

Voorhees, NJ 08043