

# CAMBRIDGE SENIOR CITIZEN DISCOUNT FORM

Comcast offers a 10% 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>
<p style="text-align: center;"><b>65 years of age</b></p> <p><input type="checkbox"/> copy of MA drivers license</p> <p><input type="checkbox"/> copy of birth certificate</p>	+	<p style="text-align: center;"><b>Head of Household</b></p> <p><input type="checkbox"/> copy of utility bill</p> <p><input type="checkbox"/> copy of tax bill</p>	+	<p style="text-align: center;"><b>Medicaid Eligible SSI Eligible</b></p> <p><input type="checkbox"/> copy of Mass Health card</p> <div style="border: 1px solid black; padding: 2px; text-align: center;"><small>Commonwealth of Massachusetts</small> <b>MassHealth</b> <small>011 64 2256 5</small></div>	<b>OR</b>	<p style="text-align: center;"><b>Senior Citizens receiving fuel assistance benefits</b></p> <p><input type="checkbox"/> copy of fuel assistance benefit certificate or receipt</p>

The undersigned hereby states that he/she is a "Head of Household" and age sixty-five (65) or older who is also Medicaid or SSI eligible or receiving Massachusetts fuel assistance.

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

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

PLEASE RETURN ONE COPY TO:

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

*For office use only*

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