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)

A

65 years of age

☐ copy of MA drivers license

☐ copy of birth certificate

B

Head of Household

☐ copy of utility bill

☐ copy of tax bill

C

Medicaid Eligible

SSI Eligible

☐ copy of Mass Health card

C

Senior Citizens receiving fuel assistance benefits

☐ copy of fuel assistance benefit certificate or receipt

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 ________