

**COMCAST
AFFIDAVIT OF LOW INCOME SENIOR/LOW INCOME DISABILITY**

1. Name _____ Account # (if known) _____
2. Phone _____
3. Address _____
Street Apt. # City Zip Code

(My residence). I am either: (a) the legal owner-occupant of my residence; or (b) the legally responsible lessee/tenant of my rental residential unit.

4. **Purpose:** I make this Affidavit, under the penalties of perjury, to Comcast for the purpose of qualifying for a special rate discount for basic or enhanced cable service at my residence. Discount will be effective on the date that this application is accepted. I understand that I will not be eligible for the discount if I am receiving any promotional offer or my services are incorporated into a digital value package.

5. **Type of Discount Applying for:**

_____ Low income senior, 65 years or older. Applicant must provide proof of age and low income status.

_____ Low income disability. Applicant must provide proof of disability and low income status.

6. **Income Status:** Low income is defined as adjusted gross income of less than \$17,500. Proof of income may be provided by one of the following methods:

- A) For the immediate preceding year, attach copies of Federal Income Tax Return (IRS Form 1040) reflecting an elderly/disabled credit claimed on line 46.
- B) Enclose a copy of your Award Letter from Social Security.
- C) Provide bank statements for the prior two months.

7. **Changes in Circumstances.** In the event that I am no longer qualified as low income for Federal Income Tax purposes, I understand that I will no longer be eligible for the discount. I agree to promptly notify Comcast of any such change in income status, or if I move from this address.

8. **Continuation.** I understand said discount may be discontinued at sole discretion of the company.

PLEASE RETURN THIS FORM WITH PROOF OF INCOME STATUS TO:

Client Services Team
Attn: Sr/Low Income Discount
14243 SW Terman Rd
Beaverton, OR 97005
FAX: (503) 617-1248

I hereby apply for the discount on my cable service and certify under the penalties of the law that to the best of my knowledge all statements as marked on this form are true.

Signature

Social Security Number

Date