Comcast Cable Company
Affidavit of Low Income Senior/Low Income Disability

1. Name _____ **Acct # (if known)** _____

2. Phone _____

3. Address _____
Street **Apt. #** **City** **State** **Zip**

I reside in the City of Covington and I am either (a) the legal owner-occupant of my residence or (b) the legally responsible lessee/tenant of my 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 cable service at my residence. Discount will be effective on the day that this application is accepted.

5. Type of Discount Applying for:

___ Low-income senior, 62 years or older. Must have an annual disposable income below $15,750.00. Proof/verification of income and age has been provided to the City of Covington, Office of the City Clerk.

___ 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 42.
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 to Federal Income Tax purposes, I understand that I will no longer be eligible for any such change in income status or in the move from this address.

8. Continuation. I understand said discount may be discontinued at sole discretion of Comcast Cable Company.

PLEASE RETURN THIS FORM WITH PROOF OF INCOME AND PERMANENT DISABILITY OR VERIFICATION OF AGE TO:

City of Covington
Office of the City Clerk
16710 SE 271st Street, Suite 100
Covington, WA 98042

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

Approved _____ Effective _____

___ Income/Status has been verified.