

State of New Jersey

County of \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Affidavit of Eligibility for Senior Citizen Cable Television Rate**

The undersigned, of full age, being dully sworn according to law and upon 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 other person under the age of 62 residing at the above address with me.
- 4. I am permanent resident of New Jersey.
- 5. I am (check one)
  - \_\_\_\_\_ (a) Single, with an Income of less than \$24,432 per year, including Social Security Income benefits.
  - \_\_\_\_\_ (b) Married, with combined Income of less than \$29,956 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 punishment to extent allowed by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Account #

Please attach a copy of current PADD Card (Pharmaceutical Assistance for the Aged and Disabled). If you can not provide a copy of the above mentioned item Please have this document notarized.

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary

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