

**CITY OF DES MOINES
COMCAST CABLE COMPANY LOW
INCOME SENIOR OR DISABLED
EXEMPTION TABLE**

Effective: March 2015

Persons per household	1	2	3	4	5	6	7	8
Household Income	38,750	44,300	49,800	55,350	59,800	64,200	68,650	73,050

QUALIFICATIONS

ELIGIBLE PERSONS MUST MEET EITHER OF THE FOLLOWING:

1. Must be over the age of 65 and have income less than indicated above; or
2. Be DISABLED and have income less than indicated above.

The City of Des Moines defines disabled as any person who meets one of the following criteria.

- (a) Loss of both limbs;
- (b) Loss of normal or full use of the lower limbs to sufficiently constitute a severe disability;
- (c) Is so severely disabled that the person cannot move without the aid of crutches or a wheelchair;
- (d) Loss of both hands;
- (e) Suffers from lung disease to such an extent that forced expiratory respiratory volume, when measured by spirometry, is less than one liter per second; or
- (f) Impaired by cardiovascular disease to the extent that the persons functional limitations are classified as class III or IV under standards accepted by the American Heart Association.

CITY OF DES MOINES
LOW INCOME SENIOR/DISABLED APPLICATION
FOR A DISCOUNT ON COMCAST CABLE SERVICES

NAME: _____
ADDRESS: _____
PHONE: _____ DATE OF BIRTH: _____
MARITAL STATUS: _____

I submit this application under the penalties of perjury, to Comcast for the purposes of qualifying for a 30% discount for Limited Cable Services at my residence. The current price of Limited Cable is \$15.10 per month.

I reside in the City of Des Moines and I am either (a) the legal owner-occupant of my residence or (b) the legally responsible lessee/tenant of my residential unit.

COMBINED INCOME (Please attach a copy of your current year wage statements and Social Security).

COMBINED INCOME (Please attach a copy of previous year Federal Tax Return).

For disabled exemption/discount, I certify that I am permanently disabled and I attach herewith a copy of the attending physician's statement verifying such permanent disability.

I hereby certify that the foregoing information is true and correct to the best of my knowledge and belief and that I own the property listed above.

Dated this _____ day of _____, 20_____.

Applicant Signature

Completed applications should be returned to:

City of Des Moines
Novy Ochoa Senior Activity Center
2045 S 216th St
Des Moines, WA 98198
206-870-6583
ndonato@desmoineswa.gov

OFFICE USE ONLY:

Based on the information provided by the applicant, _____
Is/are either age sixty-five(65) or older or disabled and that their combined disposable income from all sources does not exceed the King County Community Development Block Grant Consortium Low Income Schedule for the preceding calendar year.

By: _____