



ImOn Senior Citizen Discount Form

I am applying for the senior citizen discount offered by ImOn Communications. I understand that the Discount, once approved, will provide me with a discount on cable TV, basic phone, and basic internet service in my home.

I further understand that I must meet all criteria, as of the date of this application, in order to qualify for the discount. The ImOn Senior Pricing requirements are: 1.) Applicant must be sixty-two (62) years of age or older -or- on total disability, 2.) Have a total annual income of less than \$22,000.

I hereby affirm that the following is true:

- I live at the below referenced address and the ImOn services account is currently in my name.
- I am sixty-two (62) years of age or older
- or-
- I am on total disability (May require proof in order to qualify)

REQUIRED: The total annual combined gross income for my household is:

- \$22,000 or less

REQUIRED: Date of birth: _____

REQUIRED: Level of service you are seeking discount for (senior pricing cannot be combined with another offer or promotion):

- Local (basic) Cable TV – discount price = **\$20.00 per month**
- Local Plus Cable TV – discount price = **\$69.00 per month**
 - Sports and Info Digital Pack = **Add \$5.00 per month (requires set-top box, 1st one free)**
 - Family Digital Pack = **Add \$4.00 per month (requires set-top box, 1st one free)**
 - Movies and Music Digital Pack = **Add \$4.00 per month (requires set-top box, 1st one free)**
- Basic Local Phone Line (features available at additional cost) = **\$18.00 per month**
- Basic Internet (up to 5.0 Mbps download) = **\$37.00 per month**

The information provided is subject to audit and verification as deemed necessary by ImOn Communications. The applicant agrees to notify ImOn Communications immediately of any change in the circumstances that make the applicant ineligible for this discount. Any change in future Senior Citizen pricing under this program will automatically apply to customer account. ImOn’s monthly on-time payment bundle benefit discount applies to senior pricing listed above.

Applicant’s Name: _____ Customer Telephone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Customer Signature: _____ **Date:** _____

Notary (required)

Subscribed and sworn to by _____

Before me, a notary public this _____ day of _____, _____

Notary Public signature _____ Imprint seal here:

For ImOn Use Only:

Date Received _____	Received By: _____	Approved <input type="checkbox"/> yes <input type="checkbox"/> no
Date Applied _____		