



**RCN TELECOM SERVICES, INC.
CERTIFICATION OF ELIGIBILITY FOR SENIOR CITIZEN DISCOUNT
APPLICABLE TO LIMITED & EXPANDED BASIC LEVELS OF SERVICE**

Commonwealth of Massachusetts, County of : _____

I, _____

(Please print full
name.)

residing at _____,

No. Street Town
Zip Code

have presented a valid form of identification showing proof that I am of the age of 65 or over, and if I am applying for the discount as a qualified Senior Citizen there is not more than one other person under the age of 65 residing at the above address with me.

I further and finally 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 the extent allowed by the law.

Signature _____ Date _____

Social Security Number: _____

Cable Account Number _____

Please complete and return the Senior Discount application to the following address:

**Astound Broadband powered by RCN
Attn: Senior Citizen Applications
956 Massachusetts Ave
Arlington Ma. 02476**