

(PAGE 2)

**Senior Citizen Cable TV Discount
Application for Individuals
Who Do Not Receive a Real Property Tax Exemption**

As proof of eligibility, attach a photocopy of your Medicaid, SSI and/or Food Stamp card to this form. If you receive only Home Energy Assistance Program (HEAP), attach a photocopy of your HEAP approval notice, or a photocopy of your utility or fuel bill which shows your HEAP benefits or the notice indicating your income eligibility for HEAP. Please DO NOT send originals.

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I certify that the above information is correct. I hereby authorize the City of Watervliet to release this income information to Timewarner if needed to verify my eligibility for the Senior Citizen Discount.

Signature of Applicant: _____ Date: _____

TO BE COMPLETED BY THE CITY OF WATERVLIIET:

Upon the information presented, this applicant would qualify for a Section 467 of the Real Property Tax Law Exemption and, therefore, has met the qualifications set by this municipality and Timewarner for a senior citizen discount.

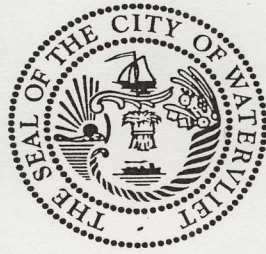
Municipal Official Name (print):

Title:

Signature:

Date:

REMEMBER: PLEASE BRING COMPLETED FORM TO THE WATERVLIIET CITY CLERK'S OFFICE ON OR BEFORE MAY 18, 2006. THE DISCOUNT WILL TAKE EFFECT ON THE AUGUST 2006 BILLING.



Form B - 2006

Application for Senior Citizen Discount

Application For Individuals Who Do Not Receive A Real Property Tax Exemption
(If You Do Receive an Exemption - Use Form A)

Please follow these instructions to qualify for the Senior Citizen Discount:

This application, if approved, will qualify the resident of the below address for \$3.00 off the standard monthly price for the "**\$48.25, FULL BASIC LEVEL OF SERVICE**" for one year. **The discount will not apply to those receiving the "\$9.10, BROADCAST BASIC ONLY SERVICE"** or any movie or sports service. Eg. Home Box Office or Madison Square Garden. At the end of 12 months, a new application form needs to be submitted to continue the service at the discounted rate. Otherwise, at the end of the 12 months, the subscription will return to the normal monthly rate. **APPLICANT MUST BE HEAD OF HOUSEHOLD AND GROSS ANNUAL INCOME CANNOT EXCEED \$24,000.00.**

Application must be filed by May 18, 2006 with the Watervliet City Clerk's office at City Hall, Watervliet, N.Y. 12189. It is the responsibility of the applicant to provide all necessary information to the City.

- 1.) NAME: _____
(Must be head of household and cable account must be in senior's name)
- 2.) ADDRESS:
- 3.) PHONE NUMBER: _____ SOCIAL SECURITY #
- 4.) TIMEWARNER ACCOUNT #:

WE NEED TO HAVE PROOF OF AGE AND INCOME ELIGIBILITY. YOU MUST BE 65 YEARS OF AGE AND HAVE AN INCOME LEVEL THAT QUALIFIES FOR THE CITY OF WATERVLIET REAL PROPERTY TAX EXEMPTION.

- 5.) INDICATE DOCUMENTS SUBMITTED WITH APPLICATION AS PROOF OF YOUR AGE:
BIRTH CERTIFICATE: _____ BAPTISMAL CERTIFICATE: _____ OTHER:
- 6.) DID YOU FILE A FEDERAL OR NEW YORK STATE INCOME TAX RETURN FOR THE PRECEDING YEAR :
YES: _____ NO: _____
(If yes please submit a copy of it with your application)
- 7.) PLEASE INDICATE IF YOU ARE RECEIVING AID FROM ONE OF THE FOLLOWING:

MEDICAID - THE MEDICAID NUMBER ON MY CARD IS:

SUPPLEMENTAL SECURITY INCOME (SSI) - MY ID # IS:

FOOD STAMPS - MY ID NUMBER IS: _____

HOME ENERGY ASSISTANCE PROGRAM - MY ID # IS: _____

TITLE XX HOMECARE - MY ID NUMBER IS: