

FOR OFFICE USE ONLY	
DATE RECEIVED _____	
VERIFIED _____	APPROVED _____

SENIOR CITIZEN DISCOUNT APPLICATION

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____ BIRTHDATE _____

PHONE# _____ OCCUPATION _____

INCOME INFORMATION

LIST ALL FAMILY MEMBERS INCLUDING YOURSELF
WHO HAVE GENERATED INCOME IN THE PAST YEAR

NAME	S. S. #	AGE	INCOME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	TOTAL	_____

PLEASE ATTACH SUPPORTING INCOME STATEMENTS:
(Income Tax Forms, W-2's, SSA 1099, 1099 Int., 1040, etc.)

STATE OF OHIO

COUNTY OF _____

The undersigned, or his/her duly appointed representative, hereby affirms, that the statements made in the foregoing affidavit are true, under penalty or perjury. Further, if the information presented above is found to be fraudulent, I will be disqualified for any current or future discount and subject to criminal prosecution.

signed _____

Subscribed and affirmed to me this _____ day of _____ 19 _____
BY _____

Notary Public (Print of stamp name)

My Commission Expires _____