



Application for Senior Discount

The Senior Discount gives qualifying members a \$10 monthly discount off of their service charge. To be eligible, you must meet the requirements specified in the rate details. See attached document.

Full Name _____
First Last Middle

Service Address _____
Street City State ZIP

Account Number _____ Phone Number _____

Email Address _____

Date of Birth _____ Total Gross Household Income _____

Please include the following with your application: Proof of age is required to verify eligibility for the Senior Discount. A copy of any government issued ID is sufficient. Mail to 1000 EMC Parkway, Marietta, GA 30060.

MEMBER AGREEMENT

- By checking this box, I certify that I am applying for the senior discount at my primary residence that is served by Cobb EMC.
- By checking this box, I verify that I am the account holder for the Cobb EMC account for which I am applying for the senior discount.

By completing the fields above, I certify that I meet the eligibility requirements of the Senior Discount program. I understand that I am required to provide ID and that I may be asked to provide proof of income prior to receiving my discount. I also acknowledge that the Senior Discount may take up to two (2) billing cycles to take effect.

I certify that all information submitted in this application is correct. I understand that Cobb EMC is reliant upon the accuracy of my reporting to extend the Senior Discount to me. Therefore, I understand that the information provided is subject to verification and I agree to comply if further proof of age or income is requested. Further, by signing below, I agree to notify Cobb EMC immediately if my circumstances change and I no longer qualify for this discount.

Signature of Applicant

Please Print Applicant's Name

Date Signed

FOR OFFICE USE ONLY

Cobb EMC Representative Name: _____ Date _____

Account Number _____ COB Number _____



COBB ELECTRIC MEMBERSHIP CORPORATION

**SENIOR DISCOUNT
SP-13**

APPLICABILITY

Applicable for all members sixty-five (65) years of age or older whose total household income is 200% of the Federal Poverty Guidelines or less and receiving service at their primary residence.

QUALIFICATIONS

1. Member must be sixty-five (65) years of age.
2. Member's total annual household income must be 200% of the Federal Poverty Guidelines (\$29,160) or less. Income verification may be required.
3. Member must live at the address that is the primary residential account and account is currently in the member's name. No other accounts will qualify for the senior discount. Commercial and landlord accounts do not qualify.
4. Member must complete an application with the Corporation and provide proof of age with driver's license or other identification.

SENIOR CITIZEN - LOW INCOME ASSISTANCE

Qualifying members certified by the Cooperative will be eligible for a discount of \$10.00 off the monthly service charge.

Effective: January 1st, 2025