Alliance for Arlington Senior Programs
P.O. Box 5184, Arlington, VA 22205

INTERNET ACCESS FOR ARLINGTON SENIORS PROJECT

APPLICATION

Name: _____

Address: _____

_____

City **State** **Zip Code**

Telephone: _____-_____-_____

Email: _____

Are you 55 years old or older? _____Yes _____No

Are you enrolled in one or more of these programs? _____Yes _____No

- Social 60 Cafe
- Medicaid
- Public housing assistance
- SNAP (food stamps)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)
- Low Income Home Energy Assistance Program.
- VA Pension

Do you have a desktop computer, laptop computer, or a tablet? _____Yes _____No

Do you currently have internet access at home? _____Yes _____No

If you do currently have internet access at home, what company provides it?

_____Comcast _____Verizon _____Other _____Don't know

To be completed by the Alliance for Arlington Senior Programs

Date Received _____

Application Approved: _____Yes _____No