



Bulk Cable Opt Out General Information

Parcel owners in the Association of Poinciana Villages have the opportunity to opt out of the Bulk Cable Agreement under the following conditions:

The parcel owner is **legally blind or hearing impaired** and all other residents of the home are also legally blind or hearing impaired.

The parcel owner must provide documentation from a medical professional verifying the resident's disability.

Social Security Disability is **NOT** a reason for opt out unless you also blind or hearing impaired.

The parcel owner **receives Supplemental Security Income** from Social Security.

This is **NOT Social Security Retirement** Income. This is **NOT Social Security Disability**. It is a special payment made to select persons.

The parcel owner must submit a Benefit Verification Letter that is provided by the Social Security Administration.

The parcel owner **receives food assistance** from the Florida Department of Children and Family Services.

The parcel owner must provide a copy of their Notice of Case Action.

If one of these conditions applies to you, then complete the Bulk Cable Opt Out Request Form and supply the necessary documentation to APV and you will not be charged for the Bulk Cable Service.

The assessment for bulk cable will continue to accrue to your account until you submit a request and it is approved.



Bulk Cable Opt Out Request Form

Parcel Owner Name: _____

Address: _____

Phone Number: _____

Date: _____

Qualification for the parcel owner to opt Out of Bulk Cable (check as many as apply):

- Legally Blind or hearing impaired**
- Receive Supplemental Security Income**
- Receive food assistance**

If one of these conditions applies to you, then complete this form and supply the necessary documentation to APV via email to: **apv.spectrum@fsresidential.com** or hand delivered to the APV Administration office located at **625 Country Club Dr., Poinciana, FL 34759**.

Documentation:

YOU MUST ATTACH DOCUMENTATION showing that you are eligible for the qualification marked above.

If you are blind or hearing impaired, you must provide a letter from you physician confirming your condition and you must sign the attached affidavit that anyone living with you is also either blind or hearing impaired.

If you receive Supplemental Security Income you must provide a Benefit Verification Letter provided by the Social Security Administration.

You can obtain a Benefit Verification Letter from www.ssa.gov/myaccount or by calling 1-800-772-1213

If you receive food assistance you must provide a copy of your Notice of Case Action.

You can obtain your Notice of Case Action from these places:

- Online from your MyAccess account.
- In person at 200 N. Kentucky Ave, Lakeland, FL, 33801 (Polk County Residents).
- In person at 3501 West Vine Street, Kissimmee, FL, 34741 (Osceola County Residents).
- Call 1-850-300-4323

The parcel owner name on the documentation must match the name of the title holder listed on the deed to the property.

Please allow up to 3 business days for the request to be processed for qualified residents

Affirmation of Medical Condition

I _____, hereby affirm that as a parcel owner, I qualify to opt out of the Association of Poinciana Villages (APV) bulk cable service because I am either legally blind or hearing impaired.

I further affirm that anyone else living in the home is also either blind or hearing impaired.

If anyone who is not blind or hearing impaired moves into the home I will notify APV to restore bulk cable service.

Signature

Name Printed

Address

If affiant received assistance reading or completing this document due to their disability the person providing the assistance must sign below:

Signature

Name Printed

Address