

## **Senior Citizen Discount Program Application**

Applicant(s) must renew the application every three years.

## **Eligibility Requirements for 30% Discount:**

- · Applicant(s) must be 65 years of age or older.
- · Gross household income of \$40,000 or less per year.
- · Must be incurring MSD single-family residential wastewater charges.

Date:		
MSD Account Number:		
Name of Applicant:		
Name of Co-Applicant (if applicable):		
Service Address:		
City:	State:	Zip:
Please submit a copy of the following:  1. Proof of age (driver's license, state-issued ID or bi  2. Proof of all income received during the previous (paycheck stub, social security benefit statement, statement, or unemployment benefit statement).  I hereby apply for a 30 percent Senior Citizen Discomposed for the service address listed above. I certify that I household income is \$40,000 or less per year and relating to my income and age. I also understand I three years.	month by every membe SSI benefit statement, p count of the amount bille am 65 years of age or o that I have provided all	ension benefit  od for wastewater service  older, that my gross  relevant documents
Signature of Applicant:	D	ate:

## Please mail application and supporting documents to:

MSD

Attn: Revenue Dept.
Senior Citizen Discount Program
700 West Liberty Street
Louisville KY 40203

Or email: MSDCAP@LouisvilleMSD.org