



**SENIOR CITIZEN DISCOUNT APPLICATION**

*(Applicant must be 65 years of age or older with a gross household income of \$35,000 or less per year and must be served by MSD sewers)*

Date: \_\_\_/\_\_\_/\_\_\_

LWC Bill Account Number: \_\_\_\_\_ (Attach copy of LWC bill)

(Please print)

Name of Applicant: \_\_\_\_\_ Single Married Widowed

Service Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Resident telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

**Please submit one document for each of the categories listed below and indicate which document you are providing.**

**Proof of Household Income**

IRS Tax Return & Schedules\*  
Social Security Form SSA  
Other \_\_\_\_\_

**Proof of Residency**

Deed/Title  
Lease/Rental Agreement  
Property Tax Bill/PVA  
Other \_\_\_\_\_

**Proof of Age**

Drivers License  
Birth Certificate  
Other \_\_\_\_\_

**\*Tax Return and Schedules filed within the last 12 months. Gross household income must be \$35,000 or less.**

I hereby apply for a 30% Senior Citizen Discount of the amount billed for sanitary sewer service and the EPA Consent Decree Surcharge for the service address listed above. I certify that I am the legal title/leaseholder/renter of the above property, that I am 65 years of age or older, that my gross household income is \$35,000 or less per year and that I have provided all relevant documents relating to my income, age and residency. I also understand that at MSD's discretion, I may be required to renew this application each year.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_

Signature of Applicant: \_\_\_\_\_

**Please mail application and supporting documents to the following address:**

**MSD  
Attn: Senior Citizen Discount Program  
700 W. Liberty Street  
Louisville, KY 40203**