



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 _____

Louisville Water Company Bill Account Number: _____ **Attach Copy of LWC Bill**

Name of Applicant: _____ Single Married Widowed

Service Address: _____
Street City State Zip

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

Driver's 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 percent 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**